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ABSTRACT

An experimental narcotics education program was developed in two junior high schools in the Los Angeles area. The major thrust of the program entailed the employment of former addicts who met with health education teachers from the target schools in a series of workshops and participated in diverse ways in classroom presentations regarding drugs. It was hoped that the program would reduce experimentation with drugs and check such involvement when it had already been established. In addition there were a number of secondary aims to the program. Statistical measures indicated the value of the program in increasing knowledge regarding narcotics and in changing attitudes in desired directions. It must be stressed however that given the plethora of statistical, observational, and interpretive information and a conglomerate range of goals no single evaluative measure can comprehend the value of a program as complicated as this. Ultimate judgments therefore must rest with the reader willing to balance consequences with his own particular values. (RSM/Author)

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ADDICTS IN THE CLASSROOM: THE IMPACT OF AN EXPERIMENTAL NARCOTICS EDUCATION PROGRAM ON JUNIOR HIGH SCHOOL PUPILS

March, 1969

Gilbert Geis, Edward L. Morgan, Mary Schor,
Bruce Bullington and John G. Munns

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During the school year beginning in September, 1967 and ending in June the following year, as part of a research investigation, the usual routine of instruction regarding narcotics and dangerous drugs was altered in two junior high schools in the Los Angeles area. The experimental program involved a slight extension of the amount of time devoted to the presentation of materials concerning narcotics and dangerous drugs. It also brought into the instructional program, a number of one-time narcotic addicts. These former addicts met with health education teachers from the target junior high schools in a series of workshops and participated in diverse ways in classroom presentations regarding drugs.

It was hoped that the experimental program would prove useful in changing attitudes held by some pupils in junior high schools which might lead them into experimentation with drugs, and in checking such involvement in instances where it had already been established. There were, in addition, a number of secondary aims of the program. Among these, mention might be made of the possible value of the program for the continued abstinence from drugs of the participating addicts, as well as the improvement of their self-image and the enhancement of their self-respect. It was considered likely as well, that the former addicts would themselves learn something about drugs when they became involved with the health education teachers and had to respond to inquiries from pupils. From the viewpoint of the teachers, there was a belief that the one-time addicts might contribute anecdotal and scientific information that would assist the teachers in their work. There was a further expectation that curriculum materials might emerge from the experimental program which could serve to improve the program of narcotics and dangerous drug education throughout the Los Angeles City School system.

A thorough evaluation of the experimental program would have involved most fundamentally, some determination of the relationship between the intervening variable - that is, the experimental program - and the prior and continuing patterns of narcotic and drug usage among the pupils exposed to the educational experience. Such an undertaking involves, of necessity, a suitable amount of elapsed time between the experiment and its evaluation. It also involves the expenditure of time and funds well beyond those provided for determination of the impact of the 1967-68 program, though it is anticipated that later research will focus on the basic issue of drug use as it relates to exposure to the educational program.

In the present instance, the evaluation effort concentrated upon determination of the impact of the experimental program on the attitudes toward drugs and aspects of the drug scene reported by the pupils. Questionnaire inventories were administered prior to the pupils' involvement with the narcotics education program and subsequently. The results of these inventories were then compared with responses derived in two neighboring junior high schools where the usual program of narcotics education was operated.

There are, of course, numerous other techniques which can be used to gain some understanding of the dynamics and the outcome of a program such as that conducted in the junior high schools, and many of these were employed to gain further insight into the experimental effort. Pupils were interviewed to determine how they felt about the experience they had had and the information they had been given. Teachers were asked to rate the performance of the former addicts in their classrooms, and the addicts were requested to provide summaries of their views about the work they had done. Examinations were conducted of the curriculum materials which were issued following the year-long program, and information was gathered regarding responses to the possibility of continuing the program with internal funds when monies provided for the original program by the Federal Office of Economic Opportunity were exhausted. There was, in addition, a continuous monitoring of the workshops, classroom presentations, and extramural aspects of the educational program to provide the research enterprise with factual and interpretive data concerning the progress and performance of the program.

It perhaps needs to be stressed, however, that, given a plethora of statistical, observational, and interpretative information and a conglomerate range of goals, no single evaluative measure can begin to comprehend the value of a program as complicated as the one being described here. At best, some indication can be offered of the things that happened and some interpretation provided of why these things seemed to occur. Ultimate judgments on the utility of the program must rest with persons willing to balance diverse consequences with their own particular values. What would one say, for instance, about a program which produced a positive (i.e., anti-narcotics) change in the attitudes of a considerable number of pupils, but which also led to the resignation of several health education teachers? Or how would one measure a program which produced a slight positive change among a majority of the pupils, but a strong deterioration of attitude among a small number of youngsters? Judgment regarding hypothetical outcomes such as the foregoing is beyond the province of the present report, which will indicate data in those areas which appear to be of some importance and will offer guides toward explanatory interpretations of the experiment and its outcome.

Background of the Experiment

In a democratic society, there is a fundamental commitment to the view that, given accurate information, most persons will behave in a manner consistent with the society's best interests, and they contribute to its ultimate health and well-being. An appeal to education as a necessary ingredient, if lasting improvements are to be achieved, is almost invariably included in blueprints for social reform. It is said that citizens must come to understand and to believe in the matters being proposed. They will do so, it is felt, when they are presented with "the facts" and allowed to judge the issues for themselves. Racial prejudice, sexual blundering, and economic exploitation, among other things - including undesired use of drugs - are seen as yielding finally only to the kind of enlightenment deemed possible as the result of sophisticated, well-planned, and well-directed educational programs.

Such convictions are fundamental matters of democratic faith. In certain situations they are both accurate appraisals and stirring affirmations of the intelligence and rationality of human beings. It is obvious, however, that undifferentiated and indiscriminate education will not provide solutions for all social problems. In the same manner that educational programs may create desirable conditions they can also produce unwanted results. If tolerance can be taught, so too can hatred, and if sexual adjustment can be learned in a classroom, so too may maladjustment. Education is double-edged. For this reason, the relationship between the purposes of an educational program and its actual accomplishments must be determined with some accuracy. This requires a clear statement of the results being sought, for any educational experience brings about a wide scatter of consequences. Fears may be reduced, but untoward behavior may increase. Persons receiving special kinds of education may not change in notable ways, but they may transmit their new knowledge to others who use it for the desired purposes.[2] The educational program may cause parents to feel more comfortable (and thus contribute to a higher degree of adult social morale) while having an indifferent impact upon pupils. Teachers may gain much better rapport with pupils through specified educational programs, though the programs themselves may have no measurable impact on specific attitudes and behavior related to their content.

It is evident, therefore, that the results analyzed in an evaluation of an educational program represent only selected items, and not necessarily the most important ones, items which are chosen for policy reasons or as a matter of necessity, dictated by the state of the art of evaluation and available resources.

Narcotics education -- There are schools of thought which inveigh against education concerning narcotics and dangerous drugs and contrary schools which insist that such education is long overdue and that it represents the most promising approach to control of abuse of drugs among both adolescents and adults.

Research on the subject, however, is almost totally nonexistent. Reference is sometimes made to research in sex education, presumably because sex education is also a somewhat taboo subject and one in which there exists fear that exposure will increase involvement. The research material regarding sex education, however, is hardly of such a sophisticated nature that it can be cited with much assurance. Primarily, it consists of endorsements and rather wide-eyed pronouncements on how well-mannered and matter-of-fact (if not monumentally disinterested) youngsters are apt to be when told in some detail about the facts of reproduction and taught the suburban terms for sexual organs.

Early writing on narcotics education appears to be closely related to public concern with an alleged burgeoning usage. The initial report attempting to provide empirical support for the proposition that narcotics education was important appeared in the 1930's. The naivete of its research design is as much an indictment of subsequent indifference to better evaluation, necessitating undue attention to this rudimentary study, as it is a criticism of the study itself, written when research techniques and knowledge were considerably less adequate than they are today.

The study, conducted by the International Narcotics Education Association (which from its title may reasonably be presumed to have had something of a vested interest in the conclusions), examined questionnaire replies of 391 students, finding that: (1) only about one-third knew anything about heroin or marijuana; (2) though most students knew something about morphine, opium, and cocaine, only a few had "positive" (i.e., strong anti-use) attitudes toward these drugs; and (3) according to the statements of the students, out-of-school influences far exceeded school influences in determining a student's knowledge and opinions regarding drugs. On the basis of this scatter of inconclusive evidence, the study concluded that there was an obvious need for specific school instruction to furnish facts about narcotics and to "encourage healthy attitudes toward them."[3]

It was some twenty years before a second report on narcotics education was published. In it, Clare Baldwin reported on the results of a comparison of essays by ninth-grade school children on the topic, "What I Know About Narcotics." Fifty-seven of the essays had been written by children who had received instruction regarding drugs, while 114 were from students in another school who had received no such instruction. More than half of the pupils in both groups indicated, by the author's estimate, "intimate acquaintance with the use of narcotics." Those in the group that had received instruction on the subject, it was said, basing the conclusion on their essays, "displayed a much greater sense of revulsion and awareness of the awful consequences with respect to drugs." As in the INEA study two decades earlier, these rather fragmentary results were offered as support for continued and increased educational instruction in narcotics.[4]

Summarizing the studies by the International Narcotics Educational Association and by Baldwin, a contemporary writer draws the following general conclusions that indicate the limits to which the materials may be carried:

> This evidence is only preliminary and the effects of various types of narcotic education on students with different social and psychological characteristics should be evaluated. No conclusions as to the value of narcotic education can fairly be drawn without additional data. On the other hand, there is no

> research evidence available to indicate harmful effects of such instruction.[5]

The absence of research evidence indicating detrimental consequences of narcotics education does not, of course, necessarily rule out the possibility of such consequences. The arguments against narcotics education most often have been based on the supposition that youngsters are curious and experimental animals who, exposed to exotic, taboo, and mysterious knowledge, will attempt to discover for themselves its meaning rather than accept the adult version. The views of the former Commissioner of the Bureau of Narcotics, Harry J. Anslinger, expressed often and forcefully in opposition to programs of education concerning narcotics, have undoubtedly inhibited to a very great extent the development of such programs. In a 1950 article, for instance, Anslinger argued against narcotic education for youths on the ground that most young addicts known to the Bureau, he believed, had become addicted in part because they "had learned too much about drugs."[6]

Anslinger's view is not merely a personal and idiosyncratic position. The British Dangerous Drug Law includes a warning against education concerning narcotics on the ground that it "might make taking of drugs exciting and therefore attractive,"[7] and two psychiatrists, testifying in 1958 before a California legislative committee, were inclined toward the same view. Dr. Norman Graff thought that "for some adolescents labeling something as bad might be the very reason they would try it" and indicated that some people become addicted to drugs because they crave suffering. "What are you going to teach them?" Dr. Graff rhetorically asked committee members. "That it's bad? They know that. That it will hurt them? They know that." Dr. Graff's testimony was supported in large measure by a colleague, Dr. Joel Fort, then associated with the Mental Hygiene Clinic in Berkeley.[8]

Views contrary to the Anslinger position are more prevalent in the literature regarding the amelioration of drug addiction and use. Among the most articulate statements is that by Judge Morris Ploscowe, submitted as an Appendix to the 1958 Interim Report by the Joint Committee of the American Bar Association and the American Medical Association on Narcotic Drugs, a committee on which Ploscowe served as director of a study of narcotic control. Education on narcotics would, Judge Ploscowe insisted - quoting a judicial colleague - no more stimulate increased narcotics use "than education on fire prevention leads to more fires by stimulating people to become pyromaniacs."[9]

Ploscowe continued in his advocacy of education with the following observation:

> There is need for sound authoritative, educational materials that could be used in campaigns for the prevention of narcotic addiction. Materials are required on both the adult as well as the adolescent level.

> The preparation of such materials and the planning of campaigns for the prevention of narcotic addiction will require the collaboration of the disciplines of public health, mental hygiene, and education. The challenge to be met by such collaboration is not unfamiliar. It is similar to the challenges which were met and the campaigns undertaken in connection with the prevention of venereal disease, heart disease and the dissemination of better information concerning problems of mental illness and emotional disturbance.[10]

Five years later, Ploscowe's views were enunciated in even stronger language by the President's Advisory Committee on Narcotic and Drug Abuse, appointed to review the material emerging from the White House Conference on Narcotic and Drug Abuse two years earlier. The forcefulness of the Committee's recommendation for education on narcotics is worth noting:

> When the Commission speaks of the education of the teenager, it is addressing itself to prevention. An educational program focused on the teenager is the sine qua non of any program to solve the social problem

> of drug abuse. The teenager should be made conscious of the full range of harmful effects, physical and psychological, that narcotics and dangerous drugs can produce. He should be made aware that although the use of a drug may be a temporary means of escape from the world about him, in the long run, these drugs will destroy him and all he aspires to. The education of the teenager is, therefore, an essential requisite of any prevention program.[11]

The Commission was no less categoric in its rejection of positions opposing educational programs regarding narcotics:

> There is a vigorous school of thought which opposes educating teenagers on the dangers of drug abuse. The argument runs than education on the dangers of drug abuse will only lead teenagers to experimentation and ultimately to addiction. The Commission rejects this view. Drug abuse is contagious in the social sense of the word, and most drug abusers are introduced to drugs by other users. The Commission feels that the real question is not whether the teenager should

> be educated, but who should educate him? Should it be the street corner addict, or should it be the schools, churches, and the community organization? The opposing view runs counter to the basic theory of the American philosophy. Our fundamental belief is that information rather than repression is the better avenue to follow. Education is the best weapon in the long run.[12]

In a more specific vein, Richard Blum, in a consultant paper prepared for the report on narcotics issued by the President's Commission on Law Enforcement and Administration of Justice during the summer of 1967, examined several issues involved in the establishment and assessment of educational programs. "Programs of education for elementary school, high school, and college students are in order," Blum declared. As initial steps, he recommended organization of factual materials for presentation, research on which presentation methods for which kinds of audience are associated with information acceptance and attitude change, and development of methods for evaluating educational impact upon behavior. For Blum, an important goal was "the development of matter-of-fact views toward drug effects (gains and risks) and of grand standards of behavior," a position obviously distinct from that of writers who, though also advocating educational programs, emphasize the necessity for campaigns inculcating disgust and revulsion toward drugs. Blum offers, as a conclusion, an appraisal of the importance of imaginative intervention efforts and their risks:

> Creative social experiments, thoughtful scientific work, economic and educational development programs, all deserve encouragement and support. We must be prepared to accept the fact that some will fail, others will achieve only moderate success and, in our lifetime at least, none will eliminate human ugliness or unhappiness. But to strive toward these goals is our common objective and to achieve them, even in part, should be a satisfaction all of us can share.[13]

Narcotic Education Today -- From the foregoing brief review of the literature it is apparent that two views of human behavior produce opposing positions regarding narcotic education. One view holds that persons, learning of the novel and exciting aspects of drugs, will be impelled to seek them out, even to their own harm. The second view maintains that persons are fundamentally rational, and that in the normal course of events, they will not deliberately injure themselves if they are made aware of the detrimental consequences of specified kinds of behavior.

The Academy of Medicine, for instance, notes how knowledge of the addictive process might serve as a deterrent to drug use:

> Adolescent addicts are reported to have said that they would not have taken drugs in the first place if they had known that they were going to become addicted. Such statements of youth are a strong argument for a good educational program for young people.[14]

Empirical confirmation of such a position is, however, non-existent, in part because the statement is neither wholly accurate nor wholly inaccurate. Most likely, some adolescents respond in one way and others in opposite ways to the same educational material.

Despite the inconclusive nature of the evidence regarding their efficacy, educational programs on narcotics have gained acceptance in American schools during the past decade. To a great extent this increased emphasis upon education obviously stems from frustration in the face of the rising incidence of drug use, particularly among adolescents. For one thing, campaigns to raise penalties for adolescent drug use are blocked by delinquency statutes and by the loose structure of the juvenile court, so that the usual escalation of retaliatory tactics in the face of threatening behavior is prevented. For another, the schools traditionally inherit housekeeping and child-rearing functions when these become too overwhelming for the family, the churches or other social institutions. Additionally, the school represents the initial exposure of all children in the society to a reasonably uniform set of demands, and it offers the opportunity for society to train for conformity and to diagnose social inadequacy. School cannot be avoided, and its omnipresent impact cannot be evaded. As Stone and Church have observed:

> While the school child's spirit may be in the gang, his body is in school. Indeed from the ages of five or six, the child for years spends a half to two-thirds of his waking hours, on any school day, involved in school work; no other single activity, except sleeping, consumes so much of his time. It is in school that a child is confronted most directly with the adult culture he is to assimilate, that he resists it, struggles to master it, side-steps it, and drinks it in.[15]

Regardless of the lack of clear evidence of effectiveness of educational programs regarding narcotics, 40 of the 50 states now require some form of instruction dealing with narcotics as part of the curriculum. In most areas where the narcotics problem is limited or non-existent, educational programs are fragmentary. Though there has been no nationwide review of the curricula materials or of their presentation to pupils, cursory examinations indicate that the stress tends to be on the creation of an atmosphere of fear regarding drugs, rather than upon a broad review of the subject. In part, such an approach reflects the views of law enforcement agencies which are apt to provide extra-curricular materials and speakers for public school classrooms. In part, as well, the fear emphasis may be consonant with the desires of parents, and perhaps (though this is not at all certain) with the information or best judgment of the teachers. An approach stressing fear may, of course, be far more effective than that generally stressed by national committees and review boards, which call for "helping students see the use of drugs in our society in proper perspective"[16] and examination of the narcotics problem "honestly and free of the emotional hyperbole that has characterized some materials used in the past."[17]

A common argument for sound and unemotional educational approaches, however, particularly in school programs operated in neighborhoods which show high usage patterns, is that inaccuracy of undue emotionality in the educational approach will bring into dispute not only the material distorted but all segments of the program. As one writer has put the matter: "There is a very real danger that by overstating relatively less serious aspects of the narcotics threat (e.g., use of marijuana), a climate of doubt may be created which causes audiences to reject as equally specious threats posed by genuinely addictive drugs such as heroin."[18] Illustrations of user cynicism, manifest in statements such as the following, are easy to come by, though they provide no assurance that a more straightforward educational approach would have been more effective:

> I remember seeing movies when I was a kid, and they showed movies on drug addicts and everything, you know, little dramatizations of junkies and people that smoke marijuana, and they painted a really bad picture like, look kids, don't ever get involved in this. . . this is what it's like, really bad people sitting aroung, shooting up dope, or smoking pot, really criminal type people. And they'd actually come out with lies, you know. They'd say, "Well marijuana was addictive and that if you take it twice, you automatically turn into a raving maniac or something. . .," and then you'd find out, well these people lied to me, society in general has really lied to me. . . they said a lot of things about drugs that weren't true.[19]

The same kind of response appears in the comment of a 19 year old who at the time he was interviewed, was regarded as a heavy drug user:

> I think a person who tries it, having had all this knowledge about it before, suddenly he realizes something he has been told is wrong all his life is suddenly not wrong, that this can't help but lead him to think the same way about other things.[20]

It was in part comments such as the foregoing, replete in the literature concerning drug addiction, combined with pedagogical commitments to objectivity among project advisors, that dictated the emphasis on the transmittal of accurate information to the pupils in the target junior high schools. Use of former addicts in no sense guaranteed total objectivity on their part, but it was presumed that their experience and information could add a sense of immediacy and, in many instances, accuracy to classroom presentations.

Program Objectives and Evaluation -- California is one of the states requiring the teaching of narcotics information in the educational program. The newness of this subject area, however, combined with the emotional content surrounding it, have led to a wide diversity of instructional approaches. In a report of the State Assembly Interim Committee on Criminal Procedure, issued in January 1967, it was noted that "the amount that is taught and the quality of the information varies significantly."

The Committee indicated that "in spite of the present requirement, some schools teach nothing about drugs."[21] It was recommended that the State Department of Public Health (rather than the office of the Superintendent of Public Instruction) be charged with the development and supervision of narcotics education, a proposal that failed to win favor during the subsequent legislative session.[22] In regard to junior high school education on narcotics and dangerous drugs, the Assembly Committee stressed its view that "basic information about drugs and their use should be taught in an objective, factual manner."

Since 1963, The Board of Education in Los Angeles has insisted on compulsory education concerning narcotics for all students enrolled in eighth grade health education, a course required for graduation from junior high school. During the fall of 1967, the health education course was extended from 16 to 20 weeks, with four of the 20 weeks set aside for the subject of narcotics. It was within this bloc of time, slightly expanded for purposes of the experimental program, that the present project operated. The aims of the program, as set down by school administrators operating out of the central office, included the following:

1. To describe a means by which young persons of junior high school age in Boyle Heights can uniformly be given education aimed at prevention of use of narcotics which would supplement and enrich the existing

program.

2. To define and construct an educational program of narcotics information and prevention which will reach and create an awareness in the teenager, living in an area in which drug usage is high, of the full range of harmful effects of opiate derivatives and other drugs.

3. To design new and realistic narcotics prevention curricular materials for use in eighth grade health education classes.

4. To describe the source, appearance, manner of use, effects, and agencies involved in narcotics prevention.

5. To identify the laws, penalties, enforcement, treatment, and agencies involved in narcotics prevention.

6. To design materials for teacher workshop and symposia for the orientation, preparation, and maintenance of task involvement in the teaching of narcotics prevention.

7. To identify the duties, responsibilities, and working relationships of the team of personnel to work on the prevention of narcotics addiction.

8. To describe the use to which resource (rehabilitated ex-addicts) personnel will serve and support the best interest of junior high health education pupils and will assist the participating teachers.

9. To describe current information and attitudes of eighth graders toward the use of narcotics.

10. To identify and compare achievement of students in experimental narcotics prevention program with achievement of students in regular health education program.

11. To identify the services and information available to youths requiring additional assistance in regard to narcotics; to increase aid to individuals through the establishment and implementation of Saturday symposia.

12. To identify the content of pre-service and in-service training programs for teachers participating in the program.

13. To construct a research design capable of assessing initial and continuing responsiveness to the program.

A final goal related to the establishment of an adult educational program, which would be coordinated with the eighth grade curriculum, so that parents of the junior high school pupils could gain some understanding of the materials being dealt with in their children's classroom.

It is perhaps worth noting, in regard to the objectives attached to the program by the school administrators, that these aims did not coincide in all respects with those held by the former addicts or by their supervisors in the street work project from which they were drawn. The idea of mounting a program dedicated, in the words of the second objective, to the creation of "an awareness. . . of the full range of harmful effects of opiate derivatives and other drugs" could not fairly be said to represent the direct goal of the addicts, though it might be one they would reach through a fair presentation of the facts regarding drugs. In addition, the continued stress on "narcotics prevention" (Items #1, #2, #3, #4, #6, & #7) essentially prejudged the outcome of an experimental approach of uncertain consequences. While no program participant would likely have been satisfied if his efforts produced a striking increase in involvement with narcotics, it was not a push toward "prevention" that was seen by the ex-addict participants as the project's main thrust, but the use of certain means to reach that end and the exclusion of other means, such as scare tactics, however expeditious they might be.

In the same manner, the objectives of the school authorities were not necessarily shared in an unqualified manner by the research investigators. That such disparities existed between several groups of personnel involved in the program at its outset undoubtedly established fertile soil for further difficulty as the program evolved. The research effort, it should be noted, involved extramural personnel, an arrangement which like the employment of former addicts in the classroom, represented an extremely novel undertaking for the Los Angeles City Schools.

The research structure was a consequence of a stipulation of the federal Office of Economic Opportunity that evaluation of the program be conducted by persons other than those employed by the agency mounting the program. The advantages of such an arrangement, in terms of things such as freedom from bureacratic pressures and researcher vulnerability, are readily apparent. Less evident, however, is the fact that such an arrangement often precludes the subtler kinds of understanding available to long-time employees of the agency conducting a research program. Information readily available to an insider may be withheld from an outsider, and research persons unaffiliated with the program unit, may come to be regarded as either unsympathetic or lacking in understanding of the complex nuances of the job of the program person. In this respect, for instance, many of the teachers continued wary throughout the project of the classroom visitations by research personnel. At least one teacher flatly refused permission for such visitation, and others believed that their work would be viewed without the perspective available to their colleagues in the educational world. A research visitor, the teachers would explain, might regard a given class as a dreary performance in rote learning, while for the teacher it was seen as a necessary first step in inculcating habits that would later blossom into constructive classroom discipline and protocol. Only an experienced hand, knowing the goal being sought, would understand adequately the means being used.

Further structural sources of potential antagonism between extramural research and an agency program may be traced to roles which tend to be in conflict; that such antagonism might be expected in a program such as the present one is evident in Soskin's observation, concerning the field of mental health, that "between professional people engaged in offering a vital service and research groups there exists a greater estrangement than is often acknowledged or recognized."[23] Soskin proceeds to offer the following explanation for this situation:

> The research worker is usually protected from . . . enormous service demands precisely so that he may be free to engage in research without coercive and interfering pressures. His rewards derive not from the gratitude of patients but from the approval of colleagues. Because his work demands it, he is often much better informed about latest developments in his field than is the practitioner. . . More than that, since discovery and invention are rare accomplishments, often his work takes the form of studying the inadequacies of existing techniques so that he is an expert in the deficiencies of current

treatment practices.[24]

It must be kept in mind, therefore, that the present report is not necessarily responsive to precisely those kinds of questions which might concern educational authorities charged with the narcotics curriculum and instruction, and that the evaluative standards may differ from those which would be applied by persons regularly involved with public education. On the other hand, as noted, the evaluators are (or should be) sensitive to possible discrepancies in viewpoints and goals between the persons who conducted the program and those who are presently reporting on its operation.

I. The Setting of the Experiment

The setting in which the experiment was conducted represents one of the major limits upon the generalizability of the findings. It is reasonable to assume, for instance, that an educational program regarding drugs would produce quite different outcomes in a high-income white Protestant school district than it would in, for instance, a Negro slum, Negro middle-class, or a Mexican-American community. Familiarity with drugs and drug users (and with different kinds of drugs and users), family organization, aspiration levels, teacher aptitudes and attitudes, and a host of other factors vary from community and inevitably condition the school learning experience and the response of the pupils to given kinds of information. It appears important, therefore, to indicate the particular setting in which the present experiment was carried out:

Boyle Heights -- Boyle Heights, the neighborhood in which Hollenbeck and Stevenson junior high schools are located, is an area with a heavy saturation of narcotics culture. Traffic in drugs is pervasive throughout the community and, as we shall see, personal familiarity among the junior high school pupils with the ingredients of drug use and with users is more the rule than the exception. The arrest rate for narcotics violations, and particularly for opiate-connected offenses, is one of the highest in the city of Los Angeles. The tabulation of admissions to the California Rehabilitation Center, where persons civilly committed for narcotics offenses are kept, shows that 75 percent of the persons (1,500 individuals) come from Los Angeles, and that 60 percent of these (900 individuals) are from Boyle Heights. The Boyle Heights area also has a long tradition of many other forms of social disorganization, early elements of which have been vividly portrayed by Pauline V. Young in her classic study of the Molokans, a dissident Russian religious sect, members of which relocated in Boyle Heights after their removal from the trans-Caucusus region by the Russian government because of their refusal to bear arms during the Russo-Japanese war in 1904.[25]

In many respects, Boyle Heights is not an unattractive area. It is rather cosmopolitan, with Jewish, Negro, and Spanish-language newspapers lying side by side on street vendors' stands, and numerous exotic products on sale in stores along Brooklyn Avenue, the main thoroughfare. According to the 1960 United States census, East Los Angeles, of which Boyle Heights is an integral segment, is one of only four cities in the United States with populations exceeding 50,000 which have more than twenty percent of their residents reporting birth in a foreign country. East Los Angeles is exceeded by Miami Beach (33 percent foreign-born) and Passaic, New Jersey (23 percent), and is equalled by New York City, which shows a twenty percent foreign-born population.[26] Table 1 indicates clearly the predominant concentration of Mexican-Americans in the Boyle Heights area as well as the rather conglomerate ethnic diversity represented among the population of some 90,000 persons living in Boyle Heights.

Table 1

Ethnic Group Distribution in Boyle Heights - 1960

	White (except Spanish Surname)	Spanish Surname	Negro	Non-white except Negro
Boyle Heights	23.3%	60.5%	8.5%	7.7%
Los Angeles County	80.8%	9.6%	7.6%	2.0%

Indices derived from census data bear witness to the depressed nature of the Boyle Heights area. Only 27.4 percent of the homes in Boyle Heights, for instance, are owned by their residents, compared to 54.6 for Los Angeles County. Census enumerators rated 18.6 percent of the dwellings in Boyle Heights as "deteriorating"; only seven percent of the homes in the County as a whole were so rated. Three and a half percent of the Boyle Heights homes were listed as dilapidated, almost double the number for the County. In terms of one of the most sensitive indices we have of slum conditions, an estimated 26.5

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percent of the homes in Boyle Heights - in excess of one-quarter - had more than one person per room. In the County at large, this figure was only 8.8 percent. Part of the overcrowding is undoubtedly attributable to high birth rates. The median family size among Mexican-Americans in California is 4.38, compared to 3.44 for the nonwhite population and 3.33 for the whites.

It can readily be seen, therefore, that the subjects of the experimental program in narcotics education were youngsters from the lower socioeconomic portion of American society, living in an area with superficial indications of what is generally regarded as "respectability" - indications such as neat houses with well-kept lawns - but immersed in many different kinds of social disorganization and economic deprivation. To such children, school and what it has to offer represents a quite different experience than it does for youngsters from more prosperous neighborhoods. Narcotics too undoubtedly offer quite different qualities to such pupils than they do to persons with other backgrounds.

Mexican-American Culture -- There are some 4.3 million Spanish-speaking persons in the United States, about a third of whom live in California, where Mexican-Americans outnumber Negroes by about half a million persons. Los Angeles has the highest concentration of Spanish-speaking persons outside of Mexico City and Guadalajara to be found on the continent. Large numbers of Mexican-

Americans migrated to the United States between 1910 and 1930, during the years of revolution in Mexico. They arrived in a period of economic depression, and struggled in vain to conquer social and economic barriers that were raised against outsiders during this period. Never adequately organized as a coherent pressure group, and less obvious victims of prejudice and discrimination, the Mexican-American group failed to advance noticeably even during the postwar period when the position of blacks in certain respects improved markedly. In fact, Negro success often appeared to be achieved at the price of Mexican-American setbacks, so that the wry observation: "You're fired - and a Negro's hired," has become a standard comment on life among Mexican-Americans, who have been described by writer after writer as suffering from "helplessness and resignation" and "confusion, frustration, and insecurity."[27]

The characterization of the Mexican-American community in southern California as marked by a rather general withdrawal from the value system and cultural imperatives of the majority society is, of course, of direct relevance to the responses and behavior of Mexican-American pupils in the experimental junior high schools. When Negro rioting broke out in Watts during the late summer of 1965, Boyle Heights remained quiescent. The usual interpretation was that rioting represented, in large measure, a response to an emotional investment in obtaining a fair share of the fruits of the major culture and a frustration with failure to obtain such benefits. Mexican-Americans did not appear to possess the requisite attachment to the good life, as that life is defined by the middle-class world of urban America, to rebel against their exclusion from it. This quality was especially marked by a group of ten young graduate students from leading universities who spent several weeks as interns in Boyle Heights in 1967. They reported "puzzlement over the failure of adults in the delapidated neighborhoods to actively protest conditions." It was their conclusion that the apathy among Mexican-Americans was established partly because of their inability to speak English well, plus an apparent reticence to mingle freely with their neighbors and their concentration on their own families rather than on outside affairs.[28]

Nonetheless, there are clear indications that the frustration of Mexican-Americans with their lot in the United States is growing rapidly. In October, 1968, Los Angeles had its first major demonstration of what came to be labelled "Brown Power," when a group of Mexican-Americans invaded and occupied the building of the City Board of Education. There was a great deal of talk about La Raza (our race -- our people), and about the need for stepped-up militancy if Mexican-Americans were to advance their cause. This growing unrest in the Mexican-American community is undoubtedly reflected in

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the attitudes of many of the junior high school pupils. Nonetheless, the observation of Senator Robert F. Kennedy, made after a meeting with Mexican-American protesters, seems particularly apt in distinguishing them from other militant minority forces in the United States today:

> These fellows have a deep anger which they have trouble expressing. They are not sure of their goals. Compared to others that I have heard, they are really gentle revolutionaries.[29]

Mexican-American Family Structure -- The gentleness of the Mexican-American protest has been related by some to the character of Mexican-American family life, as distinguished from family life in other segments of American society. The family structure of the Mexican-Americans is also said to bear upon the rate of narcotics usage among the group's youngsters and upon the alleged reluctance of Mexican-Americans, as compared to blacks and whites, to abandon such usage in the face of traditional methods of punishment and treatment.

The usual hypothesis offered is that the Mexican-American subculture is particularly antipathetic to efforts to rehabilitate narcotic addicts because it is less oriented than most other subcultures to the achievement of middle-class goals, with their heavy emphasis upon narcotic-free existence as a necessary requisite to success. Among the items bearing upon this hypothesis is the results of a survey by researchers at the University of California,

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Los Angeles, which indicated that 25 percent of the Negroes in the city were reluctant to move from Negro neighborhoods, compared to 50 percent of the Mexican-Americans, the latter being particularly desirous of staying among "their own people."[30] As one of the young interns studying the Boyle Heights neighborhood put it: "The outside community doesn't want to go there and Boyle Heights doesn't want to go outside."[31]

A further support of the thesis connecting Mexican-American family life and high rates of narcotics usage is said to lie in the particular character of the mother-child relationship. Harris Isbell, for instance, has reported that most narcotic addicts are extremely dependent upon their mothers and that these mothers tend to be overly dominant and overly protective,[32] a pattern prevalent in Mexican culture. The position of mothers in Mexican culture has, in fact, been clearly drawn by Corwin in the following terms:

> More so than in other Latin cultures, it seems that in Mexico mothers are surrounded by an emotional veneration second only to that of the Virgin Mother herself. It is no exaggeration to say that a "cult of motherhood" flourishes in Mexican society ... Nothing better illustrates the Motherhood Cult than Mother's Day itself ... In Mexico the

> commercial facts are not so impressive as the overwhelming emotional fervor released on el dia de la madre. The entire society seems to lift its eyes beyond the sad proleterian image of helpless maternity to the idealized if not mystical, image of the Virgin Mother, pure and undefiled, unselfish and disinterested ... The newspapers contain what can only be called a cathartic gush of feeling ... A Mother's Day theme approved by the Ministry of Public Education requires primary school children to write thirty words on the "luminous eyes of the saintly woman who brought us into the world." ... An editorial column confesses that "No! There are no words ... We would have to invent new vocabularies ... put chains on words so they cannot escape ... Mother is simply the inexpressible. Let's respect silence."[33]

In addition, the family patterns among Mexican-Americans appear to be particularly congruent with the kind of behavior described by the research staff of the Lower Eastside Information and Service Center for Narcotics Addiction, located in New York City:

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> The mother's immaturity compels her to employ primitive methods to achieve neurotic fulfillment of her needs. The son becomes the focal point of her material satisfactions and an extension of her needs. In order to retain this condition she infantilizes her son and her behavior serves to perpetuate this condition... Hence the mother has a vested interest in perpetuating the addiction as it gratifies the mother's need for a dependent son. Most of our addicts are found to maintain an intimate relation with their mothers even when they have moved out of the home.[34]

At the same time, other elements of Mexican-American cultural emphasis, inevitably borne by the junior high school pupils, render such pupils somewhat different than experimental subjects who might have been found elsewhere in the city. Frances Woods, for instance, has noted that the first-born son and the last-born son seem to be favored over the other children in Mexican society, and that the martyr complex is widespread among Mexican women and girls,[35] items which might well have a bearing upon school performance and attitudes toward narcotics of particular pupils. Even the second and third-generation of Mexican-Americans are said to have the attitude that the happiness and welfare of the individual should be subordinated to that of the family. The traditional Mexican father is generally unwilling to allow his children economic independence and, if possible, he will take his sons to work with him and collect their pay checks. The "typical" Mexican father is portrayed in the following terms:

> The Mexican father is traditionally an authoritarian, patriarchal figure who is lord of his household. His prerogatives are to receive the obedience and respect of his wife and children, as well as their services. He keeps aloof from the petty details of the household ... he does not customarily inquire about the children or what happened in his absence. Maintaining the proper social distance and avoiding intimacies are believed to enhance the respect which is due him.[36]

These, then may be regarded as ingredients which could condition the particular results of the present study, and which may distinguish such results from those which might have been forthcoming had the investigation been carried out in a different kind of milieu.

Education and Mexican-Americans -- Many of the foregoing components of Mexican-American culture obviously have a direct bearing on the relationship between pupils and their attitudes and reactions to the educational system in Boyle Heights. Formal education is not usually deemed important in Mexican-American culture, especially for girls. Yet it is indicative of the changing climate of the times that the first major demonstration of Mexican-American unrest and dissatisfaction in Los Angeles was focused on the Board of Education, and was framed in terms of a protest against the quality of school training offered members of la raza.

The school dropout rate for Mexican-American boys and girls has persistently been extraordinarily high. A 1960 survey in California, conducted by the National Educational Association, indicated, for instance, that more than half of the Spanish-speaking males and nearly half of the females, over 14, had not gone beyond the eighth grade, and that only 8.8 percent of the males and 6.2 percent of the females had completed one or more years of college. Comparatively, 27.9 percent of the males and 25 percent of the females, over 14, among the total state population had not completed their eighth grade education, while 23.4 percent of the males and 19.4 percent of the females had finished their freshman year at college.[37]

The cause of this situation is undoubetedly double-edged, in part a function of factors that lie within the province of the schools, in part a function of Mexican-American views regarding the importance of education for youths. As one of the interns in the Boyle Heights area put the matter, the community's residents "have both adapted to their life style and created it."[38] Guzman noted that for Mexican-Americans "surviving the secondary school educational system is a considerable accomplishment" and he suggests that one of the things that drives Mexican-Americans from the schools is "a custodial manner which emphasizes attendance and discipline at the expense of learning." The poor quality of schools in East Los Angeles, Guzman maintains, "is an open scandal, even among those who teach and administer them."[39] The National Educational Association survey, following the same line, reports that Mexican-American children "start school with a decided handicap, fall behind their classmates in the first grade, and each passing year finds them farther behind." The NEA report further suggests that Mexican-American children "are conditioned to failure in the early years of their school, and each additional year only serves to reinforce their feelings of failure and frustration." In addition, the reports notes:

> The child encounters a strange and different set of culture patterns, an accelerated tempo of living and, more often than not, teachers who, though sympathetic and sincere, have little understanding of the Spanish-speaking people, their

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customs, beliefs and sensitivities.[40]

Undoubtedly the most dramatic demonstration of the interactive effect of the behavior of pupils and the attitudes of teachers as these condition failure was that reported in 1968 by Rosenthal.[41] Subjects of Rosenthal's experiment were primarily Mexican-American children in a California Bay Area elementary school. Prior to the beginning of the school year, Rosenthal administered a meaningless test to a large group of pupils, then at random selected a number of them whom he labelled "late maturers," pupils whose intellectual development, their teachers were told, would now rapidly unfold. At the end of the school year, all pupils were given standard intelligence tests. Those who had arbitrarily been identified to the teachers as late maturers showed striking increases in their scores, increases which unquestionably were the product of the teachers' redefinition of the pupils' capacities and performance. As a result of the Rosenthal experiment, the Los Angeles City School system, among other systems throughout the country, stopped I.Q. testing of elementary school pupils, though, of course, the basic dilemma posed by Rosenthal remains unresolved - how to get a teacher to see and work on the hidden potential of a pupil.

The particular attitude of Mexican-Americans toward education, the state of flux in which that attitude presently exists, added to indigenous language difficulties and disparities between the backgrounds of the teachers and the pupils are among the many elements of the school situation which differentiates the experiment in Boyle Hieghts from one which might take place in other communities. On the other hand, the uniqueness of the Boyle Heights milieu should not be altogether overemphasized, for the community is part of the urban complex of contemporary American society and in addition to its distinctiveness shares with the remainder of the society many characteristics. Adequate distinction must be made, therefore, between findings uniquely applicable to the Boyle Heights situation and to those seeming to possess relevance for a broader social environment.

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II. Launching the Program

Support for the Boyle Heights program was made possible as a result of amendments to the Office of Economic Opportunity Act, Public Law 89-794, passed by Congress on November 8, 1966. The relevant federal directive is section 211-2(d):

> In carrying out this section, the Director shall formulate and carry out programs for the prevention of narcotic addiction and the rehabilitation of narcotic addicts. Such programs shall include provisions for detoxification, training and job placement of narcotic addicts.

The broad federal guideline was used as the basis for the development of a comprehensive narcotics program in Boyle Heights by the Economic and Youth Opportunities Agency in Los Angeles. The major thrust of the program concerned the employment of former addicts to work in the community with practicing addicts and with persons who appeared to be on the verge of becoming addicted to narcotics or dangerous drugs. The school program furthered the preventative thrust by attempting to head off involvement with drugs on the part of youngsters in the eighth grade of the two target junior high schools. The school program also operated on the assumption that the average school teacher, coming from a different generation and often living in a world different than that of Boyle Heights, could benefit from more intensive exposure to information on drugs and direct contact with onetime drug addicts. For this purpose a series of workshops were arranged which involved teachers, ex-addicts, and school administrators, as well as a number of specialists who were invited to present talks.

It is notable that the educational component of the Boyle Heights program drew a large part of the fire of critics of the total undertaking when it was first announced late in May of 1967. Mistakenly, newspapers acquired the idea that Synanon, a controversial narcotics self-help program, was to be charged with the educational aspects of the Boyle Heights endeavor. A member of the Los Angeles County Narcotics and Dangerous Drugs Commission, a non-salaried 11-member citizen body appointed by the County Board of Supervisors, told the Santa Monica Evening Outlook (May 26, 1967) that his group had "unanimously voiced objection to the plan," since it called for "ex-addicts from Synanon to take part in a drug prevention course at two junior high schools in East Los Angeles." The news story went on to provide further details:

> [The Commission member] said Synanon personnel were to be used for in-service training of teachers in drug prevention

> instruction, and that the ex-addicts would also come into contact with the school children on the eighth grade level in this phase of the program.

An additional objection was raised concerning the limited geographical coverage of the program "when the question of narcotics addiction was such a big problem throughout Southern California." Given this situation, the Commission member declared that the proposed project would be a "complete waste of money for a one-year program serving such a small area."

At the same time, a second Commission member was telling the Evening Outlook that she personally was not opposed to Synanon's inclusion in the Boyle Heights project, though "some members of the Commission felt it inadvisable to have ex-addicts working directly with the schools and students." She was also reported as saying that "some members felt it inadvisable to give too much power and so much money to ex-addicts." The same news story relayed the information that officials of the Economic and Youth Opportunities Agency were "dumbfounded" by the statements of the various Narcotics and Dangerous Drugs Commission members because the "proposal before Washington now makes not the slightest mention of Synanon participating in the school instruction part of the program."

The next time - exactly a month later - that the controversy between members of the County Commission on Narcotics and Dangerous Drugs and the officials of the poverty agency reached newspaper headlines - on this occasion in the metropolitan Los Angeles Times - criticism was no longer directed at the presumed involvement of Synanon in the Boyle Heights program. "The Commission is concerned," its chairman told newspaper reporters, "that a major concept of the program is the unsupervised use of ex-addicts in creating and counseling roles." There was further objection to indications in the proposal that the project might not be successful. "It is not beyond belief that a higher percentage of the treaters than those persons treated will fail," the project outline read, "for work in the program will be demanding, relatively unstructured, and quite frustrating - all items traditionally associated with drug usage." Finally, the chairman of the County Narcotics and Dangerous Drugs Commission differed with the idea that the narcotics education experiment should be run at the eighth grade level.

"Such education presently is available in Los Angeles city schools," he said. "The program does not add something new. The real need for narcotics and dangerous drug education is at the sixth grade level or even lower," the chairman maintained. He noted, in fact, that some experts had urged that narcotics education begin during the preschool years.

The Commission's reservations regarding the Boyle Heights program were transmitted to the Board of Supervisors, which added to them its own observations. These stressed in particular that the funds might better be spent to dry up narcotics traffic between the United States and Mexico or to build upon existing state and local programs, particularly those which had set up halfway houses for narcotic addicts. Taking these considerations into account, on June 27 the Board of Supervisors voted 4 to 0, with one member absent, to inform the Office of Economic Opportunity in Washington that it was opposed to its granting funds for the Boyle Heights Project.

Three days later, newspaper stories indicated that a "compromise" had ended the "controversy" over the $746,203 grant. It was indicated that agreement had been reached to have members of the County Narcotics and Dangerous Drugs Commission serve as an advisory committee to the Boyle Heights program. (Los Angeles _Times_, June 30, 1967; Los Angeles _Herald-Examiner_, July 3, 1967). There was no indication in the news stories, however, that a small portion (about 40,000) of the proposed monies for the Boyle Heights program had been allocated to the Los Angeles County Department of Community Services so that it might establish a Narcotics Information Service, which would act as a county-wide agency to make referrals, perform counseling activities, and distribute literature on opiates and dangerous drugs. (Following its first year of operation, the Narcotics Information Service was continued by means of a budget appropriation of $100,000 by the County Board of Supervisors).

In essence, the dispute between the County Narcotics and Dangerous Drugs Commission and the Project proponents served to highlight constraints bearing upon the entire Boyle Heights undertaking and in particular, several having to do especially with the program's educational component. For one thing, it indicated disagrement regarding the proper focus of the program, in terms both of its geographical location and its grade-level placement within the school system. For another, it pointed up the particular vulnerability of the ex-addicts to be involved in the program, with criticism of their role being enunciated in terms of popular images of addicts as unreliable persons prone to corrupt and proselytize those innocent of previous drug involvement. In addition, of course, this early controversy, reaching the mass media even before the program had been funded, suggested the fragmented nature and competitive character of agencies having vested interests in narcotics issues in Los Angeles County.

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III. Workshops for Teachers and Ex-Addicts

Many of the matters noted in the dispute between the County Narcotics and Dangerous Drugs Commission and the Boyle Heights Project blueprint reappear, though in more muted form, in arrangements made for the conduct of the workshop meetings involving health education teachers in the target junior high schools and the former addicts. A principal of one of the schools, for example, prior to any contact with the former addicts, expressed concern about the possibility that they might move unsupervised about school buildings, perhaps peddling drugs to pupils after school hours. The principal asked that a special locked room be given over to ex-addicts, where they could remain until picked up by a teacher and escorted to his classroom. The idea of the locked room was vetoed by an administrator from the central school headquarters, who pointed out that at no time would any of the onetime addicts be at a school for longer than three hours. It was agreed, however, that the principals were to arrange tight supervision over the men during these three-hour stays. Some of these fears were then allayed by information that the addicts were being subjected to continual urinalysis tests to assure project administrators that they remained drug-abstinent, and that one of the requirements for their employment had been that they had been drug-free for at least one year. It was agreed further that at least eight Boyle Heights Project workers would participate in the workshops and that the principals would then have the option of selecting those four persons they desired to work in the two schools.

It is noteworthy that none of the more restrictive surveillance policies were implemented during the school year, with their rationale apparently being undercut as the former addicts become more familiar and less threatening to school personnel. As was the case with all non-school visitors, the men were required to sign in and out of buildings; otherwise, they were not placed under any special king of scrutiny. In general, the workers chose to confine themselves to the classrooms and the teachers' lounges, and they usually left the school buildings and returned to project headquarters when there was more than a one-hour interval between their classroom assignments.

Field research notes indicate that some delay took place before the workshop program began, and, more importantly, they show the continual interest among the workers in seeing the program become operative. On September 14, a few weeks after the school term had started, one of the ex-addicts, who expected to be placed in charge of the school program, noted to a researcher that he was "a little disappointed" that no word had been forthcoming about the beginning of the workshops. This chagrin and anticipatory anxiety was repeated many times over the next few weeks.

It was not until October 5 that a meeting was held between the school officials and the project workers. It was reported at this meeting that members of the Los Angeles Board of Education, who had in the interval been informed regarding the proposed program, had expressed concern about its restriction to only one geographical locale. None had been disapproving, it was said, of the use of former addicts in the classrooms as resource persons. It was also reported at the October 5 meeting that a number of the junior high school health education teachers had balked at attending the workshops, though some had shown considerable enthusiasm for the idea. At this meeting, the school authorities also forcefully laid down some of the ground rules for the educational program. In the words of a senior administrator:

> I want it perfectly understood that the school controls and ultimately decides on the curriculum. Others may suggest, advise, and contribute. They may share and be a part. But the responsibility lies with the schools.

The school personnel also stressed their particular interest in curriculum development. To one of the administrators the "sole strength" of the Boyle Heights program in the schools was its ability to provide time and resources for persons to attend to a vital area of school curriculum. "I don't know if it will change kids or not," it was observed, "but the chance to upgrade curriculum is very attractive." The members of the Board of Education, it was noted in this connection, had also been particularly taken with the idea of improving curriculum materials as a consequence of involvement with the former addicts in the workshops and the classrooms.

It was further pointed out that the Project had commanded considerable attention during the meeting of the Board of Education and aroused much discussion in local educational circles. As one educator put it: "This is the least amount of money ever involved in a program run in the schools with federal funds, yet it has the most people talking about it of any program."

Proceedings of the workshops -- Five workshops were held prior to the introduction of the former addicts into the classrooms when the narcotics sequence of instruction began in health education classes during the first week in December. Despite earlier forebodings, attendance was uniformly good at these initial sessions, with all or nearly all of the health education teachers in the two schools appearing for the sessions. It was notable, though, that staff members from each of the junior high schools and the former addicts invariably sat with persons from their own particular school of their own particular group.

Much discussion centered about procedural matters for the classroom encounters between the pupils and the former addicts, who shortly began to be known as "field specialists." The teachers decided, for instance, that it would be better for the former addicts to appear singly rather than in pairs in the classrooms, and that they would be introduced by their complete name - "This is John Doe. Mr. Doe will speak to you today about narcotics" was the protocol suggested.

Primarily, the initial meetings served the important function of breaking down many barriers between the teachers and the field specialists. At first, the addicts had come on rather strong, calling for sweeping revisions in the curriculum on drugs, and suggesting in particular that medical and technical stresses be replaced by emphases on drug use as a deviant form of behavior. But their polemics relented considerably when they encountered no fierce resistance, but rather considerable agreement. Both teachers and former addicts agreed that "scare techniques" should be avoided, though there was little hard discussion of precise facts about drugs. It soon became evident that teacher interest in the workshops could best be maintained when the addicts contributed personal details about their own careers and experiences. Teachers wanted to know how they had begun and how they had stopped using drugs, and they called in particular for accounts of the addictive histories of the men, material which they indicated would lend especial credence to classroom presentations.

An ex-addict evaluation of these first workshop meetings, taken down by a research worker on October 17, indicates his general satisfaction with the way things had been going. It also shows with some clarity his view of himself as a missionary with the task of setting the natives straight:

> There are a few of them who don't want to change their opinions about drugs, but for the most part they've been very cooperative. There's one [person] who's convinced that if the kids can just see those movies that they won't blow pot. One biology teacher wanted to show the kids slides showing cell damage as a result of drug use. I tried to explain that would not do the trick.

Workshops immediately following the introduction of the former addicts into the classrooms clearly reflected the success of the classroom program in its initial stages. At the December 4 workshop, for instance, the research worker made the following observations:

> Many of the teachers expressed their amazement at the amount of attention the field specialists had received. Classes which had been generally disruptive in nature were very quiet during the presentation by the field specialists. When asked how they specifically used the field specialists, many of the teachers replied that

> they had had the field specialists tell their personal stories and followed this by a question period. It seemed to one of the teachers from Hollenbeck that there was really not enough time. Just when she would be getting good questions and responses from her students, the hour would be over.

It appeared to the research person present at this workshop session, that some clear divisions had begun to become manifest among the teachers in their reaction to the field specialists. Those teachers most enthusiastic about the program and the responses of their classes to the field specialists, consistently called the men by their first names. Those who were more formal were also more reserved in their evaluations of the classroom presentations. They invariably referred to the specialists as "Mr." It did not seem unlikely that the reactions of the pupils, if reflected accurately by the teachers' reports, had to some extent been conditioned by the teachers' receptivity to the program, as they transmitted their own attitudes to the pupils.

Soon after their first classroom appearances, the specialists had begun to question whether they would be able to sustain interest in their topics once they had exhausted their repertoire of personal stories. It was suggested at the December 4 meeting that they might in the future, incorporate audio-visual materials into their talks, but this idea was vetoed on the ground that somehow it would detract from the originality and fundamental appeal of the former addicts.

By the following workshop, on December 11, basic changes were being planned for future classroom formats. The teacher appointed to coordinate the narcotics education program indicated his view that the former addicts were not being used "very effectively" by the teachers, and announced that during the second semester, rather than having a single worker meet the same classes, different workers would be dispatched to each class on alternate days.

The December 11 meeting also provided considerable insight into latent disagreements between the field workers and the teachers, disagreements reflected in reactions to a presentation by a police sergeant that took up the entire training session. The elements of this polarization of views will be indicated at some length to provide insight into intellectual and emotional antagonisms that, though they would never become overt, probably undercut any serious possibility that the educational program would become comfortably integrated into the school setting. In particular, the evening's events illustrated with some clarity the ex-addicts' behavior and self-image as peripheral persons, obligated to exercise tact and restraint in regard to matters with which they were in fundamental disagreement.

The police sergeant began by mounting a polemic against the use of marijuana, noting that "there were many social scientists, men with Ph.D.'s who are teaching in the colleges and universities and misleading the public." The sergeant said that he knew, from his experience, that marijuana is a dangerous drug. It affected physical reactions and was much more dangerous than alcohol. Alcohol, he said, was used to relax, while marijuana was used to escape. The sergeant indicated that it was dangerous to generalize; all addicts were not alike and not all dope fiends were necessarily dangerous. He said that he had had twenty years' experience in the field, was very positive of what he was saying, and that he was telling the group the true facts. The sergeant noted his belief that there had been a moral disintergration in American society which affected the values of youth, and he felt that social scientists were largely responsible for this turn of events.

Questions addressed to the officer by the teachers were sympathetic. In particular, the teachers were responsive to the oft-stated view that the police had been maligned. The sergeant indicated that he and his fellow officers were "understanding" of drug users. Any youngster using drugs, he said, should be told to see the police or should be reported to them. Every possible attempt would then be made to keep the pupil from being sent to prison, though this was not always possible and nothing could be guranteed. Nonetheless, the child should be brought in for counseling. The sergeant stressed that the average drug peddler was not the stereotyped older person hanging around schools. Rather he was a young child who usually attended the school and passed out drugs while there. At the end of the meeting, the sergeant lit some marijuana so that the teachers could discover what it smelled like.

The field specialists remained silent throughout the police presentation. On the way back to their headquarters, however, they were vociferous in their complaints about the evening. Asked why they had not stated their objections before, they said that they had been told to "cool it", that the Project could not afford to antagonize the police department, and that no good could come of their running down the sergeant's presentation.

The research worker observing the teacher's reactions, however, concluded that they had been essentially in agreement with the police sergeant:

> They felt that he had presented a true picture of addiction, and he had really opened their eyes in terms of police attitudes toward the drug problem and the methods used by the police in obtaining data and this kind of thing. This was

> a very general feeling. The field workers were unanimously opposed. They indicated to me that they felt he had presented a totally fallacious picture of the drug problem, that he didn't understand it in the first place, and that he was just another cop.

Interest in the workshops tended to lag as their focus turned more heavily toward the formulation of curriculum materials. At the January 8 session, the teachers were assigned the task of preparing two-page papers on specific drugs, but by the following meeting, only two teachers were ready with their papers. The curriculum specialist reinvigorated the group, however, by indicating that adoption of their materials by the city schools would result in their being given credit as part authors of the new materials. This spurred a large number of the teachers to make arrangements for group projects. Complaints began to be heard that the financial arrangements (two-hour meetings for one hour of pay) were inadequate. This tone of the session is conveyed in the report of the research worker:

> One of the finished reports was read, but interest during this meeting was only mild due to the great number of arrangements being made by the other teachers. Most of them occupied with

> their own problems at this point
> and many sub-conversations were going
> on.

At the February 5 meeting, some of the attitudes regarding the proper role of the field specialists had begun to crystallize. One of the administrators, commenting on the work and materials prepared by the field specialists, reemphasized that final decisions would be made by the downtown headquarters of the schools. In particular, he stressed the necessity of having "both sides" of the drug picture fairly presented, with the patent implication that the former addicts were transmitting a view antipathetic to that of the schools and other official agencies. It was at this meeting that one of the teachers brought up the fact that there was a discrepancy regarding the indicated experimental evidence on the effects of marijuana and the information which a field specialist had given to the pupils in the classroom. The teacher asked for clarification, and was told that the dispute would be adjudicated by a medical doctor who was familiar with all aspects of the situation.

Later meetings were used for different speakers to address the teachers and former addicts. On February 19, a clinical psychologist from the Olive View Hospital outlined a program he conducted there. In the process, he antagonized the specialists by maintaining that "once an addict, always a potential of being an addict." At the following session, a representative of the Smith, Kline and French Pharmaceutical Company produced "mild interest" in the teachers, according to the research observer. In the question period, however, the field specialists launched a verbal attack against the pharmaceutical representative, complaining about the company's production of drugs such as nembutal and dexedrine without the establishment of proper safeguards for their distribution. One worker indicated that he believed that the drug companies could add a substance to their products which would produce nausea if more than the proper therapeutic quantity was ingested. To the research observer, "it seemed that the field specialists were shifting their responsibility to the drug company for their drug use."

At the following meeting, a representative of the Parent Education Program spoke, and then separated the teachers and addicts into groups to discuss topics such as "If Kids Get Pleasure Out of Doing Things Which are Socially Undesirable, What Can You Do About It?," and "Parent-Child Communication." This period was followed by a talk by a representative from the district attorney's office, which elicited mild arguments from the addicts concerning penalties for the smoking of marijuana. The final meeting in mid-April, featured a 33 minute movie, Marijuana, narrated by Sonny of the Sonny and Cher rock music group. A speaker from the federal Narcotics and Dangerous Drugs section of the Department of Justice asked how many thought the film would be a deterrent to the use of drugs. Eleven of the fifteen persons present thought that the film would be a deterrent; four, all field specialists, disagreed. For them, the film was "too sensational" and "did not show a true picture." The federal agent outlined his department's drug policies and programs, commenting in passing that one of the difficulties with the drug problem was that "the police are just as pigheaded as the teachers and the sociologists." The reaction of the field specialists, predictably by now, was negative. The agent's view, they indicated, was diametrically opposed to theirs and reflected an approach that had already not only been shown to be a failure, but one which had aggravated the drug problem.

Teacher Evaluations of Workshops -- At the end of the school year, the sixteen teachers who had at any time participated in the workshops were given a four-page questionnaires to determine some of their responses to that experience and to other aspects of the experimental educational program. The clearest expression of their view of the addicts' value during the workshops can be gained from their numerical rating of this aspect of the program vis a vis other portions of it. Each of the five elements indicated in Table 2 was rated on a 1-5 scale by the teachers, so that the highest numerical rating indicates that item which they viewed as of the greatest value.

Table 2

Teachers' Ratings of Five Program Components

Item	Total Rating	Average
Value of Field Specialists in the Classroom	73	4.5
Values of New Instructional Materials	70	4.4
Value of Field Specialists in the Workshops	69	4.4
Value of Other Resource Personnel in Workshop	59	3.8
Value of Other Resource Personnel in Classroom	47	3.0

The low rating of "Other Resource Personnel" in the classroom was undoubtedly in large measure a function of the fact that a number of the teachers did not make use of such persons, while others employed them only to a limited degree. It is noteworthy, however, that the former addicts clearly outrank the resource personnel in terms of the teachers' evaluations of their contribution to the workshop sessions. Seven of the 16 teachers ranked the specialists' performance as "5" (great value) and two placed it at "3" (some value). There were no ratings below this point.

Two open-ended questions asked the teachers about their responses to the workshops. The first requested that the teachers "identify areas in which workshops showed strength" while the second requested responses regarding "areas in which workshops could be improved": Among the responses were the following:

> Personnel selected was excellent and the format followed was fine. Materials needed improvement and a more cohesive quality - geared to the junior high student.
>
> More specialists associated with the problem of addiction (not necessarily former addicts) should bring forth their views and findings. At times personalities involved in the "addiction" problem were so strong and self-evident and not purely objective (opinions varied with ex-addicts).
>
> Field specialists should be made aware to keep appointments.
>
> At times the field specialists occupied too much time putting over their points and not enough time left for counter questioning.

Most of the responses were more general, and, with rare exceptions, flattering both to the school administrators who had organized the workshops and to the field specialists. Complaints centered particularly on the absence of more intensive work regarding teaching techniques and practice in the use of such techniques. To a greater extent than occurred, the teachers wanted to be shown how to run their classrooms and they wanted to witness the manner in which their colleagues presented materials. In a more general sense, there was a feeling running through many of the questionnaires that the teachers themselves had not been able to participate enough in the workshops and that the role assigned to them was too passive.

Researcher's Summary of the Workshops -- At least one member of the research group from the Boyle Heights Project attended each of the workshops and reported on their proceedings. At the end of all the sessions, the member of the research group who had been at virtually all of the meetings put together her views concerning them. That report includes the following observations:

> During the initial workshop sessions, teachers were exposed to the life styles of the field specialists. They heard of their experiences with drugs and were able to question the specialists on their presentations. Through this verbal interchange stereotyped impressions of drug addicts were replaced with first-hand information. The teachers seemed to come to appreciate that the addicted

man is first a human being with essentially the same needs and desires as everyone else, and a drug addict only incidentally. The fear and anxiety present during the initial sessions soon gave way to demonstrations of friendship and mutual assistance.

The field specialists, for their part, seemed to gain a new awareness of the life and the problems of being a teacher. They began to realize that influencing children carries with it an awesome responsibility. In addition, they gained new insight into the frustrations of not being believed or taken seriously by children who need help.

Development of new curriculum materials occurred mainly in the latter weeks of the workshops. During this time, at least three documents were produced which represented an augmentation of the relatively sparse materials available. Two of these papers were drawn up by the teachers working in small groups and the third by the field specialists.

Perhaps the most valuable contribution of the workshops was their role as sounding boards for classroom ideas. After the first weeks of classroom instruction, several teachers were able to comment on the effectiveness of one or another particular teaching technique.

There were three main groups in the workshop sessions, the administrators, the field specialists, and the teachers. The administrators carried the main responsibility for the success of the sessions. Although their professional and official tendencies seemed to be conservative, they were put in the role of liberal innovators fostering the creative efforts of the teachers. This situation seemed to arouse some unease and at times led to conflict.

The field specialists appeared to be defensive on entering the "straight" world they had previously rejected, and yet seemed to feel decidedly superior toward those around them who came from an entirely different, and, to their minds, more confining world.

The third group, the teachers, were perhaps under the most severe pressure. They were opening their classrooms to observation and influence by former drug addicts. In addition, they were to meet and talk with these ex-addicts in order to gain a more realistic picture of drugs in our society. Finally, it was the teachers who had to produce new curriculum materials and perhaps even revise their own thinking in the area of narcotics and dangerous drugs.

The previously mentioned situation of having conservative men in the role of liberal innovators led to some intricate interplay. Each administrator would allow a certain number of liberal ideas to be suggested by one of his own group. If, however, such ideas became too threatening, the administrator would intervene, assuming the role of statesman-mediator.

The main workshop struggle, however, was between the field specialists and the teachers. Both groups were cast in the role of "helpers" and each had its own idea about how help might best be given to the children. Since the field specialists were, in effect, consultants, this presumed their knowledge was superior to the teachers in the particular area of concern. Initially, there was a surface display of psychological "stroking" on the part of the teachers, with the field specialists bieng complimented and receiving expressions of gratitude for their contributions. This was followed by a period of "clamping down" on the field specialists by the administrators. The teachers were then forced to side either with the administrative attitude or to defend the field specialists. They most often chose the latter, and when they did so, their relationships with the field specialists improved noticeably. In addition, this procedure gave the teachers a feeling of their own liberality and prepared the way for further innovation.

Interest in the possibility of meeting the challenges presented by the experimental program initially was at a medium level, with uncertainty preventing any higher degree of early enthusiasm. After several weeks of classroom work, it became apparent that the response of the pupils was extremely positive toward the field specialists, and that their classroom presence was an aid to the teachers. This served to increase interest during the middle workshop months when new teaching materials and methods were presented by the teachers for the first time.

Unfortunately, interest began to recede during the final months of the project. Some possible reasons for this decline might be found in a discouragement over the slowness of administrative response to the new ideas and the extreme difficulty of obtaining new materials proposed during the workshop meetings. Teachers were constantly asking for "classroom sets," that is, enough of a particular pamphlet or booklet to allow it to be passed aroung to each student. Some films favorably viewed in the workshops were not subsequently approved by the school administration, and others simply were not available. It is also possible that there were too many time-consuming tasks thrust at the teachers. Much teaching time was given over to research testing, which most of the teachers said they resented. Perhaps, as is so often the case, interest declined as the novelty of the task wore off.

IV. Saturday Symposia and Evening Classes for Parents

Two auxiliary aspects of the educational program, conceived with high hopes, both failed to make significant progress during the life of the project. The first was the Saturday Symposia for school children desiring to take advantage of additional services which might be provided by the ex-addicts or by counseling specialists. The second was an evening class for parents of pupils in the two target schools.

Saturday Symposia -- The grant application for the Boyle Heights Project had defined the Saturday Symposia in the following terms:

> Youth in the schools who desire additional information or assistance will be referred to services which will be provided on a more individual basis during weekly Saturday morning symposia. These sessions will be staffed by former addicts, and may involve counselors, community members, parents, and volunteering youths.

The symposia received a relatively low priority during the initial phases of the educational program when major attention was directed toward inaugurating the workshops and establishing a pattern for the classroom presentations.

The first serious discussion of the Symposium was held during the December 4 workshop, when the teachers in attendance were asked for ideas on how they might best get students to participate in the proposed program. Suggestions included posters in the school classrooms and hallways and announcements to the pupils by their teachers. One of the administrators indicated his belief that word-of-mouth advertising was the best method for engendering enthusiasm for the idea. "If the children who attend the first one or two Symposium meetings, go back and tell their friends what happened there," he said, "this will be the key to whether more pupils will come or not."

It was decided shortly thereafter to begin the Symposia in February and to continue them through the school year, and that they would be held away from the school grounds. An announcement circulated to the teachers by the Economic and Youth Opportunities Agency stressed that "the main objective of the Saturday Symposia ... is to provide additional information or assistance regarding narcotics and/or dangerous drugs to pupils seeking such information or assistance on a voluntary basis." The announcement further indicated that the activity would be staffed "by trained counselors who will conduct group counseling in small sessions each Saturday."

The first Symposium meeting was held from 9 a.m. to noon on February 17, at Hollenbeck Park Community Center.

Administrators of the Boyle Heights Narcotics Project specifically requested that no member of the research group attend the Symposia on the ground that they would be held on a "semi-personal basis" and the presence of a note-taking evaluator would adversely effect the atmosphere it was desired to achieve. It was agreed that Project administrators would furnish the research group with notes regarding the proceedings at the Symposia.

The only memorandum forthcoming, after several requests for information, comprised some fifteen lines of material, covering two Symposia. These reported that no students had attended the March 2 meeting. Three students had appeared on March 9 and the Symposium of that day was devoted to "getting acquainted." It was later learned that eight pupils had come to the March 16 meeting and one to that on March 23. Shortly after this, the Symposium idea was abandoned because, in the words of the school liaison official; "these Saturday things aren't doing any good. No one comes. Most of the teachers didn't even announce it in their classrooms, so we're going to call it off early."

Evening Classes for Parents -- The idea for evening classes concerning drugs to be held for parents of the pupils in the target schools, was conceived after the Boyle Heights project had been funded. The basis for the idea was in part, a product of the fact that additional funds could be made available for evening classes out of regular budgets, provided that enough interest was manifested. The most direct contact between the evening classes and the regular experimental program occurred at the December 11 workshop when two adult educational teachers reported on the first meetings of their groups. The researcher at the workshop made the following notes on the reports:

> A woman teacher said that she had had good attendance on Tuesday with 12 persons present, but that only two people showed up Thursday for the class. She indicated that the adults knew a lot about drugs. She obviously had been surprised by this. The major concern of the adults centered about the rationale for the program. Wasn't this dealing with forbidden fruit? Shouldn't we just avoid talking about drugs with children? Otherwise, we will encourage, not discourage, drug use. The teacher said that she had not told the parents why she thought the program was necessary, but that she was going to do so the following week. She apparently felt a little guilty about this and said that perhaps she should not have postponed the matter, and let the parents leave

with the idea that they were correct in their views.

A second major issue during the first week of this teacher's adult class centered about a parent's question regarding where a child might hide drugs in his house. The teacher had postponed this issue until the following week too, but at the workshop she asked assistance from one of the former addicts. He refused to answer the question, saying: "I don't think it is important. An adult shouldn't rummage through a child's things looking for drugs." The teacher, somewhat nonplussed, added that the man who asked the question had had both of his children with him at the meeting.

The second teacher reported essentially the same kind of experience. A child at the evening session had dumbfounded a parent by the amount of knowledge he had about drugs, information he said he had been "told by the kids." The teacher said he found the adults "very rough" to work with. They were primarily older persons and he believed their attitudes toward drugs were harsh and rigid. This group too, had expressed fears that the eighth grade program was opening up a taboo subject prematurely and encouraging drug experimentation.

The reports to the workshops represented the last formal contact between the experimental program and the evening adult classes. Former addicts were expected to be used during the evening sessions, but after very early appearances in the classes, their services were not requested.

V. Classroom Presentations

During the course of the school year, two persons attached to the research segment of the Boyle Heights Project, paid thirty visits to classrooms to observe presentations of material on narcotics and dangerous drugs. Considerable discussion had preceeded their visits, aimed at making certain that it was understood that they were in no sense evaluating any aspect of the teachers' performance, but merely recording their observations on classroom proceedings. It had been stressed, as noted earlier, that research workers without backgrounds in public education would be likely to reach incorrect judgements on the efforts of teachers, whose values they might not share and whose methods they might not understand. In addition, school administrators and teachers both regarded it as incidious to permit outsiders, without supervision, to sample performances as complex as teaching and pass judgments on their quality.

Inevitably, of course, the researchers, by the selection of material they chose to record and transmit about their experiences, included their own values in the reports. In his first visit to one of the classes, a research worker found himself alone with the pupils for about twenty minutes before their teacher arrived. Soon, most of the class' attention was focused on him, as the stranger in their midst, and he elected to respond by initiating a discussion of the class' experience to date with narcotics education. He asked if they had heard any of the former addicts speak. Yes, they had, a girl volunteered. And, she added, "I bet they paid him a lot of money to lie like that." This girl was immediately quieted by her fellows. The researcher then inquired if any of the pupils had an idea of what it would be like to take a trip on heroin. Immediately, the class members suggested that he ask one of the girls in the group, indicating that she would know, she usually took drugs. The girl, attention focused on her now, did not deny the allegation, but rather replied that drugs made you "sorta light and dizzy." Her ready acceptance of the class' designation of her as a drug user took the researcher by surprise.

When the regular teacher arrived, he proceeded to pass out pamphlets on drugs and initiate a discussion on how drugs are sold and purchased. Quite soon, class attention began to drift, and the teacher turned immediately to putting questions on the blackboard and asking for written responses. Not surprisingly, the researcher, flushed with his novel experience, felt disappointment that the discussion had been cut off, in what he regarded as a preemptory and premature manner.

Such observations hardly represent evaluations of overall teaching performance, however, particularly since the class members had long since been acclimated to their regular teacher, and would likely be stimulated by the unique experience of an outsider quizzing them.

The second researcher had an opportunity to witness one of the ex-addicts at work during a class visit in early December, and her description of the events provides some indication of how the field specialist performed in the schools:

> He generally told them about how he began using narcotics and what kind of effect it had upon him. His manner of speaking was casual, and he used several slang terms. In general, his talk was kept at the level of the pupils' understanding. The talk lasted about twenty minutes and was followed by a question period. At first, no questions were forthcoming, until the teacher prompted the class by saying: "You wanted to ask questions and now is the time." Most of the questions that followed dealt with issues such as: How does it feel to be under drugs? What do you do under drugs? Did you ever do this or that under drugs? Questions were asked mainly about glue sniffing and LSD.

To the researcher, it was "interesting that only one question was asked about how Steve's parents felt about him taking drugs." She felt that by now, several weeks into his job, the ex-addict had become "a little bit too polished and maybe a little moral." He asked the students how many were taking drugs; none volunteered that they were. The researcher felt that "he emphasized quite strongly the negative effects of taking drugs" and that this vehemence might "lessen his credibility in the eyes of the students."

A scatter of further random observations by the workers of the various classes they visited may impart some idea of their reactions as well as the flavor of the discussions. In one class, for instance, the researcher noted that the teacher instructed the pupils to call a former addict, who would speak to them the following day, "Jim" or "James," though there is no indication if this was the prevalent practice. In another class, the researcher remarked that the pupils seemed to be particularly interested in learning from the field worker what the cost of drugs was. At still another class, a worker was asked to leave because the girls, who had been separated from the boys for the occasion, wished to have no males present when they questioned the female field specialist. On several occasions, the field workers noted that the educational program in narcotics and dangerous drugs was made to relate to other parts of the school curriculum by having the pupils use dictionaries either in class or in the library to determine the meaning of terms such as depressant and excitant and the definitions of various drugs such as heroin and the amphetamines.

During the classroom period, the researcher recorded the questions directed to the field specialist and his responses. The interchange went as follows:

Question: Why is aspirin a drug?

Answer: It is physically harmful in large dosage and continued use.

Question: Is there an antedote for aspirin?

Answer: Not that I know of. I don't really think so.

Question: When did they first know you could become addictive to drugs?

Answer: Prehistoric man discovered this with early uses of alcohol and also early China discovered this with opium.

Question: Where is LSD used?

Answer: In the illegal market only.

Question: What happens when you sniff or swallow glue?

Answer: Swallowing would at least give you an ulcer. Do it long enough and the brain cells die.

Question: Did you ever take LSD:

Answer: Yes, once.

Question: What did it do?

Answer: I was always able to control a little under other drugs. LSD took all the way over. I felt it coming on for about eight hours. I was scared stiff.

Question: Did you see colors?

Answer: Yes, I saw music, but it was terrible. I think I had a bad trip. Luckily it was my first trip.

Question: Will sniffing glue lead to higher drugs?

Answer: The people who sniff glue seem to be the type who would take other drugs.

Question: Do all drugs contain aspirin?

Answer: No.

Question: What is morphine?

Answer: An opiate.

Question: Why do some people sniff and it not bother them?

Answer: People are different, some have higher tolerance.

Question: Have you taken pills?

Answer: Yes, I have taken them all and had nothing but bad experiences. I smashed my nose three times on a chair and broke it. I was playing ball once with a coke bottle and broke my nose again. The third time I had a fight and broke my nose. All of these were under pills. I had three broken noses in four months, so I quit taking pills. I felt my nose couldn't take it any more.

Question: Can anyone bail you out of jail?

Answer: If they have the money and trust you.

Question: How do pills taste?

Answer: Just like aspirin.

During another class, in which the topic for the day was marijuana, the teacher lit chemical compounds which simulated the odor of the drug. The researcher was impressed with the knowledge that the children had of different names for marijuana, and rather taken aback when a number enthusiastically volunteered to bring samples of the drug to class to add to the sum of information about it. It was observed that pupils able to offer information about marijuana took pride in their performance and seemed to gain a certain status with their knowledge.

After Christmas recess, the former addicts began to appear in the classrooms as part of panel discussions and again the researcher transcribed one of their discussions. Coming later in the year, and involving several of the specialists, it offers further understanding of the way in which the classroom presentations were proceeding:

Question:	When you took a drug did you know what was going to happen?
Answer: (Jim)	Not at first. Later I knew, but it was too late. I really didn't understand what I was doing to myself.
Question:	Did you ever try to influence your friends to take it?
Answer: (Jim)	I don't ever remember doing it. I did fix a guy once for his first time because he asked me to.
Question:	How long did you take drugs?
Answer: (David)	I started about 12 and lost interest in school and sports. My grades dropped. Then I got arrested.
Question:	Can you name the devices you used and what drugs?
Answer: (Steve)	For M: Flour sifter to clean, bubbley wubbley, or roach holder. For Heroin: A spoon, eyedropper, baby pacifier, needle, and all of that kind of stuff.
Question:	What was your first drug?
Answer: (Julie)	Barbiturates.
Question:	When did you find out that you were hurting yourself?

Answer: (Julie) After about two years.

Question: How long did it take to feel it?

Answer: (David) Grass, about 10 to 15 minutes. Yellows, about 1 hour to 1 1/2 hours. Reds, about 45 minutes. Heroin, 2 to 3 seconds.

Question: Where did you get the drugs from?

Answer: (David) I haven't used in 5 years, but when you are on the drug scene you can find it without any trouble.

Question: How many drugs does it take to get high?

Answer: (Steve) Different amounts of different drugs, and the longer that you use the more it takes.

Question: Where did you get the money to buy drugs?

Answer: (Jim) I stole it. I have been arrested for theft, pandering, burglary, and robbery. You steal day after day.

Question: What's pandering?

Answer: (Jim) That's when you live off of a prostitute.

Question: Did you ever sniff glue?

Answer: (David) Yes, it was the stupidest thing I ever did.

Question: Do you get sick if you don't take LSD?

Answer: (Steve) No. LSD is not addicting so you don't get sick if you don't have it.

Question: How many pills would kill a person?

Answer: (Jim) It depends on the pill. Some people can take more than others. Most of the time you just go into a coma.

Question: Does Marijuana make you take pills or heroin?

Answer: (David) No. But you usually do.

(Steve) Once you start marijuana, you are actually opening the door.

Question: Are you safe from the stuff now?

Answer: (Julie) I don't think I'll ever go back. I have a different life now.

Question: How did you get your money?

Answer: (Julie) Various jobs and theft.

Question: Are you healthy now?

Answer: (David) I am very absent-minded now. And I have trouble thinking.

(Julie) I'm more nervous now.

Question: Did you ever become pregnant?

Answer: (Julie) I just suffered from, let's say moral degradation. No.

Question: What state of mind are you in after

	you take barbiturates?
Answer: (Steve)	It's like being drunk.
(David)	It gives you a false sense of courage.
Question:	What is the most expensive drug?
Answer: (David)	I used heroin up to $80 and $90 a day just to stay normal.
Question:	What happens to a baby born to a user?
Answer: (Julie)	The baby is addicted to heroin, usually.
Question:	Do pills affect pregnancy?
Answer: (Julie)	Not that I know of.
Question:	Did you ever sweet talk boys into taking.
Answer: (Julie)	A couple because I thought I was doing them a favor.

Examination of the transcripts of a considerable number of the question and answer sessions in the classroom indicates a rather common pattern. The addicts tell their stories, and questions at first are directed toward eliciting from them further details about their experiences. After this, the pupils begin to seek information regarding drugs in general, particularly in terms of things that they do to people and the kinds of responses their use brings forth from parents. Without exception, a student in each class would also ask the female member of the ex-addict panel about the relationship between drug use and pregnancy, and would inquire about the effect of drugs upon newborn children. Following a series of questions of this nature, the interrogation would turn toward matters of personal importance to the pupils. At times, the intense interest of the inquirer in getting information which would stand him in good stead in his immediate situation was only barely, if at all, camouflaged.

Inadvertently, too, one of the panel sessions indicated that a significant concern of the pupils was the effect that their parents' or relatives' addiction to drugs might have upon them. A young girl, whose father and several uncles had used drugs but who had not taken any herself, and who was now employed by the Boyle Heights Project, took part in one of the panel sessions with four former addicts. Her report that she had escaped relatively unscathed from the atmosphere of her home seemed to offer considerable relief for a number of pupils who peppered her with questions about her home life.

Field Specialists' View of Classroom Sessions -- It was notable that the original plan to have eight persons from the Boyle Heights Project meet with the teachers in the workshop and then have the school personnel select four former addicts for classroom presentations, never materialized. Seven of the onetime addicts came at various times to the workshops, but two of the men lost interest quickly. The remaining five were incorporated into the school program, without any official selection procedure having occurred.

On January 4, one of the men working in the schools reported to the research staff that he had berated the school administrators during a meeting, by accusing them of selecting persons for work in the classrooms with whom "they felt most comfortable." He said that he told them: "Here, you have four white middle-class people and one white middle-class Mexican."

It is, of course, arguable that persons with backgrounds more nearly like those of the pupils would have done a better job in the classrooms. But it does seem clear that, contrary to the specialist's accusations, it was not the school officials who singled out "unrepresentative" individuals to mount the experimental program in their midst. Rather, it was the project administrators, probably anticipating what they believed to be the school people's biases, who saw to it that the "best" prospects were assigned to participate in the workshops.

It was obvious, nonetheless, that the former addicts, used in the schools, hardly fit the stereotype notions of drug users. Almost always better dressed than the teachers, they were, in many instances, also often more articulate. It was quite likely their presentation of themselves that brought forth the comment, quoted earlier, from the girl who believed that they had been paid a good deal to tell lies to the students.

The addicts felt, in fact, that their appearance and poise was undercutting their impact, and midway in the school year they requested the Project administrators to secure "mug" shots of them from the State Department of Corrections. They subsequently used the pictures to rebut accusations that they were in fact undercover police agents and to provide evidence to members of the classes that their stories were true reflections of their experience.

Their feelings of superiority, manifested by the specialists toward the teachers appeared to be enabling. It is likely that the Specialists' original attitudes toward professional persons, such as social workers, overestimated the competence of such authorities, partly because of the carefully cultivated social distance created by them. It is also likely that, in the manner of the prisoners in Bettelheim's concentration camp,[40] the addicts had at times yearned to step into the shoes of their captors. One of the field specialists; for instance, commenting on his work in the schools, put the matter in the following words:

> One thing that did amaze me about this project is how ignorant teachers are. You know, I had always held them up there someplace and thought they were really somthing. But they are incredibly

> stupid. And I now see how naive that idea was. I feel pretty good about it now. I feel, you know, if they can make the kind of money they are making - for Chrissake, I sure can go out and make some money.

Very much the same kind of response is reported by another field specialist, as his comments were taken down by a member of the research team. Perhaps most important is the tone of the worker's remarks, his clear implication that he was able to evaluate the teaching performance and the low regard in which he had for most of them:

> [The worker] said that the teachers are generally very poor. He felt that there are only about six good teachers involved in the entire Narcotics program. And that it's a pleasure to go into those classrooms. The kids ask intelligent questions. They are interested. The teachers know how to handle themselves well in the classroom and they lead the class well and see to it that they are prepared. In contrast, however, most of the other teachers are apathetic, know nothing nor want to know anything about drugs. They haven't learned anything. The children in their classes respond reasonably well to the specialists,

> but they have not been adequately
> prepared.

It does not matter, of course, whether the ex-addict's implied evaluation of his ability in contrast to that of the teachers with whom he was thrown into contact was in fact an accuract appraisal, a gross distortion, or largely a function of the subject matter being taught. To the extent that the specialist believed in what he said - and it was apparent that they clearly believed that they were at least as competent as the teachers - such perceptions could be very useful in providing a sense of the future and a sense of value. They might also, of course, undermine any possibility of smooth relationships with the teachers, who possessed most of the status and virtually all of the power. That the specialists understood this arrangement, however, is quite evident from their response to an inquiry regarding their treatment in the schools. "Both men," the research worker reported, "state that they feel they are accepted if they stay in their place."

By far, the most difficult questions that the field specialists believed they had to deal with related to their views of marijuana and the possibility of its legalization. The problem grew out of their own convictions that the drug was relatively harmless and that enforcement efforts to suppress it created more problems than they resolved. The specialists, however, felt certain that their views were not shared by the school administrators and the teachers and believed that they were under an obligation to mask their ideas on the law and marijuana. One of the earliest difficulties took place when a specialist, asked if he would use marijuana were it legal, indicated with some spontaneity that he probably would. As the specialist reported the event and its consequences to the research worker, it had gone like this:

> [The worker] commented with reference to [the coordinator.] "He really chewed me out for being honest about marijuana in the classroom. I was asked if it were legalized whether or not I would smoke it. And I told the kids, yes, I probably would. And it got back to him. He chewed me out about it. He said we are not supposed to say that. We are supposed to say we don't know or we have no opinion on that.

Afterwards, the specialists developed the pattern of fencing with questions about legalization of marijuana and most usually throwing them back to the pupils by inquiring how they felt about the matter. It also seems fairly clear from the transcripts of the question-and-answer sessions that as the school year progressed, the specialists, finding support for such views and perhaps introjecting them themselves, became more and more adamant and forceful in their verbal opposition to narcotic and drug use when they spoke in the classrooms.

Thus, for example, on January 3, the following classroom discussion took place:

Question: What do you think about legalizing marijuana?

Answer:
(Julie) There are pros and cons, but I'm not for it.

(Steve) Do you kids have any opinions? (There was no response). Well, we have one legal drug already, alcohol. And we have accidents, ruined marriages, and all of that sort of thing. I wonder why we need another legal drug like marijuana.

Other questions considered "tough" by the specialists were essentially items which somewhat embarrassed them. One pupil had asked a male specialist whether girls liked to make love under the influence of drugs. A girl inquired about Spanish fly from another specialist. "Whenever I get a tough question," this man noted, "I say that I don't know, but perhaps their teacher does. This way I don't look like a dunce and it makes the teacher look good if he knows the answer." There was no indication, however, of the consequences if the teacher didn't know the answer either.

The views of the ex-addicts toward the classroom portion of their work was expressed to a research worker in the following terms:

> We have logic on our side, in that this program is getting through to the kids. You know, we are giving them a realistic picture of drugs for the first time. The normal picture presented by the schools was hardly that. But for once, they are getting the truth and I think they know it. And if they are logical - you know, if this is the way it is - then we should be getting through to some of them. I didn't feel we had nearly enough contacts with teachers in this program. We only saw them for a brief time in the workshops during which there was usually a movie or discussion, and then in the classroom when we appeared, and there, we didn't have much time to talk with them either. I don't know if we changed their opinions very much or not. I feel that all we could have accomplished in the workshop

was the education of the teachers. I didn't feel that there was going to be any real change in curriculum development, nor do I feel that this has occurred. Curriculum development will have to be done by a leadership group; not in the workshops.

The teachers have told me time and again that they are lost whenever we are not appearing in the classroom with them. You know, they don't know what to do. I don't know what the hell they did before. I can imagine. But what they do now is give them busy work if we are not in the classes or something like that. And the kinds of stories these teachers tell are incredible. One teacher who was introducing me tried to tell the class that because I was very short and had taller brothers who got all the girls and I never got any girls, and therefore I shot dope. The class actually booed him when he told them that. I wasn't there at the time and the kids told me later. I had already told them my only brother was a baby and he couldn't have been taller than I was and that had not a goddam thing to do with it. Now I don't know where that guy got his information, but that was incredible. I just couldn't believe it. But I was pleased to see that the class booed him down when he did it.

You know we have gone to extremes to run ourselves into the ground in our presentations to the classes. There is an awful lot of this hero worship kind of thing, and we try to play it down as much as possible. I know I did and I know the other workers did. Yet there is still a lot of hero worship there. You know there is a whole gang of girls, for example, that came up wanting my autograph after class. They crowded around, wanted my autograph, and then they dared each other to kiss me on the cheek and things like that. They think I am very young, 18 or so. They even went so far as to get my phone number. And you know since it's not listed, that's no easy chore; and now they are bugging me. They call me all the time. And they talk, like one girl talked for two hours. Most of them are just screwing around, but one had a family problem, you know, and I tried to help her. She had a brother who was using some stuff or something. But I think what they did, they got together a bunch of girls and they called every narcotics listing in the phone book until they found someone who gave my number to them. I'd sure like to interview some of these kids. I know a number of them are really off in that bag, and they are using and they are starting down that road. All of them in those schools know somebody in that grade who is shooting heroin or who has shot heroin, and that's incredible, I think. In terms of this phone business, I finally had to get someone to answer the phone. So they don't bug me anymore. I think what we should really do is start in the first grade with this anti-narcotics education.

The specialist's observations hardly need be taken literally, nor necessarily regarded as accurate appraisals of the conditions he describes. Nonetheless, neither should they be summarily dismissed. For one thing, they represent the situation as one of the workers, perhaps the most articulate member of the group., saw it. For another, they tell much about the dynamics of the school situation. Again, we have the willingness of the specialists to judge the teachers - and to put them down. While the report may tell something about the presumed "needs" of the specialists, it also tells something about the vulnerability of the teachers. Perhaps equally as noteworthy is the specialist's immediate use of "our side" in his first sentence about the program: there is "their side" and "our side" and membership in whichever group is obviously clear cut and exclusive. The truth of the remark that the addicts had made strenuous efforts to run themselves down is obvious from an examination of the transcripts of questions and answers. The insight of the specialist into the deliberate cultivation of this image is noteworthy; so too is his self-evident entrancement with the hero-worship that resulted despite apparent (and obviously not very strenuous efforts to eliminate it. From the remarks of the specialist, as well as from earlier observation by several of his colleagues, it also seems likely that it was not the pupils, not the teachers, and not the school administrators that the program had the most impact on, but rather the specialists themselves. Attended to, flattered, treated enough as an out-group to arouse compensatory efforts, and by their judgment successful in their competition with the teachers, who stood well above them in social esteem, the ex-addicts may well have been the persons who reaped the richest harvest from the experimental educational program.

Researchers' Views of Classroom Presentations -- In a 13-page summary of the impressions they gathered during their year-long association with the school segment of the Boyle Heights Project, two members of the research group returned again and again to the discontinuities between the views and the status of the field specialists, the teachers, and the administrators. Essentially, they saw the experimental period of one of much jockeying among the three major groups involved, with the pupils representing the more passive recipients of the end product of this interplay. The research workers were, of course, employed on Project funds and their sympathies might well have been, consciously or unconsciously with the specialists, whom they were apt to see and talk with more often than members of the other groups. Also, of course, conflict is more dramatic than consensus, drama and the unusual more eye-opening than routine, so that the research reports tended to concentrate on the out-of-the-ordinary, particularly as the year wore on and the researchers became quite bored with the repetition of the experiential anecdotes by the specialists. It is in terms such as these that the comments of the research workers must be looked at, though on most occasions they probably warrant the benefit of the doubt or, at least, very careful attention.

Among other points, the researchers made the following remarks in their report:

> The clean, healthy, middle-class appearance of the specialists could very well have led the pupils to believe that drug use does not have the reported disastrous effects. Perhaps the pupils got the idea from the specialists that a person could get hooked on drugs, and still come back and do well...
>
> In the second semester, the field specialists were used in panel discussions. Both our observations and those of the teachers suggest that this was more effective than the individual presentations...
>
> The field specialists were greatly hindered by a lack of information regarding their effect on the students.

One of them had an opportunity to read student papers following his discussion. He noted that "The papers suggested a number of areas in which I had confused the pupils, and I made these areas the topic of my next discussion." Such a procedure was rarely followed, however...

Teachers, for the most part, took a neutral stand regarding the program. They were ready to teach new things, but they found it difficult to judge the merits of any given approach. This probably was a result of their lack of information regarding drug use and the variety of conflicting kinds of resource material to which they were exposed...

Another subtle form of pressure was the cooptation of the field specialists. Coopting can be defined as the process of absorbing new elements into the structure of an organization as a means of averting threats to its stability or existence. To retain their jobs, the ex-addicts had to conform to the very system they were attempting to change. They must be non-threatening and avoid major arguments or shocks. The dispute over one specialist's comments regarding the legalization of marijuana indicate the vulnerability of the men. An otherwise thoroughly legitimate statement was blown out of proportion, and was referred to the man's parole officer. Due to cooptation, the ex-addict presents a picture of middle-class America to the children - the same picture presented by the teachers...

The specialists were also placed in the delicate position of challenging the police, an undertaking at which they had rarely succeeded previously. In one class, for instance, a law enforcement officer indicated that a person under the influence of marijuana develops superhuman strength and on occasion can rip handcuffs from his wrists. The field specialists, who had about 80 years of daily marijuana use among them, had never witnessed such a phenomenon. But

> they did not feel that they could
> directly contradict the officer
> before the teachers and administrators....

Teachers' Views of Classroom Presentations -- It has already been noted that the teachers rated the value of the field specialists' work in the classrooms highest among five activities associated with the experimental educational program (see Table 2 pg. 63), though the specialists' contribution to the workshops and the importance of the new instructional material both were ranked at almost exactly the same level as the classroom work.

The relationship between the research team and the teachers was on a different plane than that which they maintained with the field specialists, and the material and viewpoints they derived were, as a consequence, of a different order. The research workers, like the field specialists, were guests, almost intruders at times, in the school situation, and there was little informal association and soul-bearing polemics directed to the researchers from the teachers. Perhaps the situation is best indicated by the half-serious, half-facetious remark of the school coordinator on January 31, when he came to discuss school responses to some of the testing pressures that the program was putting upon them. After a few initial statements, he stopped, then remarked: "I had better shut up. You've probably got everything I say taped anyway."

The best indication that is available of the teachers' responses to the experimental program are found in the formal questionnaires they completed at the end of the school year. These, however, are quite obviously something less than totally frank appraisals of the experience. There is more than adequate identifying information requested on the questionnaire to indicate the person who had completed it, and it was known that these materials would go directly to downtown administrators. For another thing, now that the work was completed, there seemed to be a tendency to romanticize in retrospect, so that complaints are muted, and expressions of satisfaction seem significantly stronger than behavior during the actual events would have led anyone reasonably to expect.

The 16 teachers involved in the program seemed to represent a fairly random group of individuals working in the City School system. In age they ran the gamut, with one falling in the 20 to 25 year age group and two in the 51-plus bracket. Five of the 16, the largest sub-group, were between 31 and 35 years old. Two of the teachers had been at their job for more than 26 years, while five had less than five years' experience and another five between 5 and 10 years, though a large majority had been teaching health education fewer than five years. Half of the 16 teachers were whites of non-Mexican-American background, four were Negroes, and an Oriental, and one a Mexican-American. Like the field specialists, they obviously did not reflect the ethnic character of the pupils with whom they were working.

Probably the best indications of the teacher's reactions, beyond the descriptive material presented earlier and their numerical ratings of various program elements, can be found in their response to the question calling for "other reactions, observations, or comments that may aid in the assessment of this program." The following were the responses to the inquiry:

> Negative reaction to ex-addicts by some faculty members (they felt these persons would set a bad example to students). The entire faculty should be instructed or made aware of these persons being on school campus.
>
> Need more facts related to this community...
>
> Follow-up on students who were in program...
>
> The leaders could have been more demanding...
>
> We should devote more time to developing a workbook and classroom methods to use in the teaching of narcotics.
>
> Negative reactions to field specialists in

> schools by some teachers. Most teachers approved of these field specialists after becoming familiar with the program. Education of the entire faculty regarding this program is needed.
>
> Should balance workshops with opinions from law enforcement.
>
> I feel this program and the 4-6 weeks alloted time is a must for the youth of this community and all communities. We just don't dare not devote time and energy to this subject, narcotics.
>
> The overall program was good for me as a teacher. I am sure that the pupils at the experimental schools benefitted tremendously.

It may be noted that the responses - all of which are reproduced above - hardly stand in the nature of particularly fervid endorcements of the experimental program. Seven of the teachers failed to provide any response to the question, two included terms that to some, might appear rather abrasive ("these persons" and "these field specialists"), and only two - the final comments - provided any indication of a glow derived from their exposure to the endeavor.

Presuming that the teachers are not unduly laconic as a group, their restraint and reticence may simply indicate their apathetic responses to their experience. Such an interpretation hardly squares with the high ratings they afford it, however. It is noteworthy, in this respect, that two of the teachers indicate their colleagues' dissatisfaction with the field workers, though the extraordinary similarity of their responses would seem to indicate that, like some of their wayward pupils, they were not altogether beyond a little collaboration in their work. The flat nature of the responses may also indicate the teacher's sense that more joyous reactions were not in order. At any rate, from an evaluator's viewpoint, they offer little help in determining with any precision just how the teacher's viewed the proceedings, and they must be said to cast some doubt on the high numerical ratings that were afforded program components.

VI. Workshops for the Control Schools

As part of the research design, little attention was paid to the regular narcotics education program in the two control schools, so that the comparison between the experimental settings and the control schools might remain as uncontaminated as possible. The same testing program was utilized, in experimental and control schools, however, and to some extent the control school teachers tailored their materials to the contents of the research instruments. Since the tests had been passed out early, at least one control school teacher found himself orienting his teaching to them. He noted to the research worker that, "I wish you had not given us the tests until the day we had to give them. I found myself teaching the tests and I think all my kids made a good showing, but I don't know how much they really learned."

Some attempts were made to arrange classroom observations at the control schools, but the coordinator, apparently believing that the testing program had placed enough of an extra burden on teachers receiving no additional compensation (unlike those in the experimental program), resisted efforts at such visits. By chance, the only classroom observation scheduled, happened to be set up with a control school teacher whose response was one of acute nervousness. She experienced nausea and a fainting spell the day before the scheduled visit and told her principal that if he persisted in having it take place she would utilize her sick leave to be away from the classroom. The visitation was cancelled, and no other observation of control school work was substituted for it.

Near the end of the school year, it was arranged to have teachers in the control schools participate in two workshops and to undertake a field visit to Juvenile Hall, the County's dentention facility. Essentially, the arrangements were made to allow the control school teachers to be paid something for the contributions they had made to the program.

At the first workshop program, a police officer outlined his views on narcotics and dangerous drugs for the control school teachers. Among some of the more choice bits of esoteric information the officer disclosed was the fact that youngsters wearing buttons with "13" written on them were in reality, announcing: "I smoke marijuana, do you?" The letters STP that occasionally appear on automobiles, the teachers were told, stand for Smoke That Pot rather than for the drug STP.

The field specialists did not attend the first workshop meeting with teachers from the control schools, but they were asked to be at the second of the two sessions. One of the senior administrators from the downtown school headquarters also attended this session, held in mid-May.

The proceedings of the second workshop underscored the antagonism and disenchantment that had developed between the field specialists and the school officials by the end of the school year. The administrator opened the meeting by commenting, apparently in reference to the lack of information about the program available to teachers in the control schools, that "Communication is usually distorted and notoriously poor when it involves contributions above and beyond the call of duty." He indicated , in regard to the experimental work in the schools, that there was "absolutely no way of determining the effect of the total program and its net impact on behavior." But he noted that "The FDA [Food and Drug Administration] has stated that the Los Angeles City Schools are years ahead of any other school district in the United States in narcotics education." He then added, rather gratuitously, that during the past year Los Angeles City had for the first time, contributed less than 50% of the narcotics arrests in Los Angeles County, a situation which most persons would likely credit to the inordinate rise in suburban drug use rather than to any notable decline in inner city involvement with drugs.

The field specialists were asked to tell the teachers something about themselves and their experiences. A request from a control school teacher to tape the sessions was vetoed, with the statement that a number of them had already been recorded and would be released, though there was "a lot of red tape involved" in the matter.

The question and answer session was spirited following the field worker's presentations, and rapport seemed to be excellent. To the researcher it appeared that it was the relaxed and honest nature of the sessions that prompted one teacher to inquire with some frankness: "Do you think drugs produce lasting psychological effects? You all seem to have a great many hostilities."

Before any of the field specialists could reply, the administrator took the floor. He indicated that "more competent sources" were available to supply a response to the question and then he asked "everyone's indulgence" in being exposed to "a biased, but sincere, one-sided story". The interruption, the researcher felt, intruded a note of caution into the proceedings that had not been there earlier and the questions thereafter became more superficial. For the field specialists, the incident was taken as a direct assault upon them. The administrator's combination of viciousness and condescension, they felt, created the most complete manifestation of the initial unease and apparently growing disenchantment with their performance through the year.

From a somewhat more neutral and more remote vantage point, the elements of the single outburst - vividly representative of the estrangement between the administrators and the specialists - are less easily analyzed. It probably goes without saying that the remark was tactless and thoughtless. It drew a clear line between the teachers and the specialists, and its public nature recreated the vulnerability to shame and abuse that had marked much of the specialists' lives. It is possible that the administrator sensed a need to support his teachers, though to that moment they appeared to be doing quite well in transmitting their views and eliciting responses. Perhaps more than anything else, the episode reflected a fed-up attitude with the intensity, the not inconsiderable glibness, the upstaging, and the irreversible experiential advantage that the field specialists possessed and had exploited throughout the year. In this sense, it might be said that by the end of the school year, the specialists had not been able to learn their place, probably because in actuality there really was no place for them in the schools.

VII. Tests and Traumas

Perhaps the most generous comment that can be made in regard to the demands of the testing program was that it was overambitious, given the nature of the experiment, the pupils involved, and the time periods available. Throughout the school year, the need to administer various tests and to complete corrollary forms plagued the teachers, and on many occasions they voiced their displeasure with the matter. The pre-tests occupied two full days of classroom time, and the failure to have the answer sheets correspond exactly with the numbering of the questions necessitated the expenditure of much workshop and classroom time in providing corrective instructions. The teachers were also requested to complete trait cards on each pupil in their health education classes. After the first term, however, they rebelled against this assignment and complained that the heavy burden it placed upon them led to them doing the job with superficiality. This task, to the satisfaction of all parties, was reduced to a sampling basis during the second part of the school year.

A running conflict also ensued between the research segment of the program and the school officials, especially the program coordinator, regarding makeup tests. Absenteeism tended to be extremely high in the schools at times, and a large number of pupils missed either the first or the second day of the testing period, both in the pre-test and post-test administrations. To round up absentees and administer the tests to them required a considerable amount of time and effort, because the questionnaires had to be read and interpreted for the pupils. It was felt by the school officials that quite enough classroom time had been preempted by the administration of the tests to those pupils who were in attendance, and that the logistic of obtaining makeups were complicated beyond resolution. In particular, they complained about the prospect of further loss of instructional time and the disruption of their educational aims.

The researchers, by now also convinced that the testing demands were excessive, nonetheless felt that the schools had an obligation to fulfill their part of written contractual arrangements concerning the administration of the inventories both on a regular and a makeup basis. There was also a pervasive research conviction by now that astonishing amounts of classroom time were devoted to an endless range of trivial and often extracurricular matters, and that allegations of overriding educational obligations were more in the nature of an excuse than a commitment. Conferences were held, and higher-echelon school officials directed that the complete testing program be undertaken through various rearrangements of personnel. Pervasive, though verbally accommodating, inertia within the schools, the passage of excessive amounts of time, some research guilt about the burden of the testing program, and the lines of power within the Project itself, all combined, however, to undercut attempts to obtain a larger number of completed tests, that is, pupils who participated in every one of the four days of test administration.

It was the testing program, too, which created the first major falling out between the total undertaking and the school officials. In this instance, the fault lay totally with the research administrator. The school officials, after threatening to withdraw completely from the experimental effort, readily resolved the issue, but on later occasions they would routinely refer to this initial situation to justify further expressions of dissatisfactions with or distrust of the program.

The stress-provoking incident involved the casual insertion into the questionnaires of a dozen or more items concerning the pupils' attitudes toward political matters, particularly matters concerned with the war in Vietnam. The research office of the City Schools had reviewed the original questionnaire - adopted almost verbatim from the inventory employed by Isidor Chein and his associates in classrooms in New York City (see Appendix B) and had by mutual agreement with the research group, struck out a number of questions which were viewed as too personal (e.g., with how many other children do you share the room in which you sleep?). It had been stressed at this meeting that the narcotics program represented the first occasion in which the evaluation of a city school program was not done by the system's own research office, and that permitting outside evaluations went against general policy. In return, the school researchers were told that outside evaluation had been one of the items insisted upon by the federal Office of Economic Opportunity, largely on the ground that intramural research tended to have built-in restraints operating upon it. It was also believed (though there is certainly no reason that this would necessarily have been true in regard to the narcotics program) that educational research in general tends to make its evaluations in terms of rather self-serving questionnaires distributed to participants which request their general views of how things went.

In any event, despite more than ample forewarning, the research operation stumbled badly. The researcher inserted the new questions, taken from an inventory that had been used previously in a study of drug patterns in a private school in New York City, because of his own curiosity about political views and their relationship to narcotic attitudes and practices. The research director disingenuously allowed them to remain in the questionnaire, without giving thought to the fact that their inclusion would at least need to be reviewed by the school authorities and without appreciating that they would obviously be offensive because they intruded into an area of political belief.

It was only minutes after the tests had been distributed that one of the principals telephoned the downtown school headquarters with a complaint about the Vietnam inquiries. He was told to halt all testing procedures at once, and to gather up the testing materials. The same instructions were passed on to the control school principal by the program coordinator. One of the principals, however, elected to continue with the testing, indicating, according to later reports of the conversation that: "I have checked the test and can see nothing wrong with it. Besides we have already started testing, and I'm not going to bother stopping it. If you guys downtown don't like it, that's too bad." Later, before the questionnaires from this school were handed over to the research office, answers to all of the challenged questions were erased.

On November 13, in a meeting that one of the research groups present defined as "too traumatic" to describe in detail, the matter was resolved by an apology from the research administrator and some stern instructions from the school officials that the offending items be eliminated from the questionnaire.

VIII. Results of the Testing

The two segments of the questionnaire administered to all pupils available in the experimental junior high school health education classes as well as those of the two control group junior highs were directed toward obtaining first, general attitudes toward various aspects of life and second, attitudes toward narcotics and narcotic addicts.

The experimental design followed a rather simple format. The inventory was administered to pupils in all four schools. Then the educational program, extended somewhat and involving workshop preparation, was offered in two of the schools. Following this, pupils in all four schools were again tested by the same inventory.

The study hypothesis was that the attitudes of children exposed to the experimental program would show significant changes in a desired direction at the conclusion of the program, as measured by the Chein inventory.

The inventory was administered first at the outset of the bloc of time scheduled for narcotics in the health education classes in the schools. The teachers read the questions, and the pupils indicated their responses on IBM answer sheets. The post-test was administered during the last three days of narcotics instruction and consisted of the Chein inventory and a knowledge test constructed by the school officials. The names of the students were not put on the answer sheets. Birthdates, however, provided the researchers with an opportunity to match up the responses of the same pupil to the multiple tests.

In addition, as mentioned earlier, a teacher rating of each pupil was obtained in the course of the semester (see Appendix C for the form). Each pupil was rated during the first semester, though this was later reduced to a twenty percent, randomly-drawn, sample.

Finally, information regarding the sex, birthdate, I.Q., grade point average, and teacher was recorded on the answer sheets. This material was provided by the schools in a manner that no pupil was identified by name.

It was decided that analysis of co-variance would most accurately test the significance of pre-post differences. In addition to the analysis of co-variance the Chi square test for two independent samples was employed. Since the data consisted of frequencies in discrete categories, the Chi square test allowed determination of significant differences.

No significant differences were found between the two groups in their pre-tests, but significant differences were found between the post tests of the experimental schools and the control schools in regard to thirteen items, six of them on Part I of the inventory and the remaining seven on the second part. The six questions were the following:

No. 2	I often think that parents don't want their kids to have any fun.
No. 3	You should never be loud around the house.
No. 15	Nothing can stop me once I really make up my mind to do something.
No. 23	The police usually let their friends get away with things.
No. 25	Everybody is just out for himself. Nobody really cares about anybody else.
No. 28	Do you want this much more than almost anything else in the world? To always be doing a lot of new and exciting things - to be on the go all the time.

The nature of the differences are indicated in Table 3.

Table 3

Percentage of Negative Responses to Significantly Different Items on Chein Inventory Post-Test

Part I

	Percent Negative Responses	
Item Number	Experimental	Control
2	76	67
3	41	51
15	67	58
23	69	62
25	72	65
28	39	28

On the seven items in Part II of the inventory which indicated significant differences, five were questions which called for two-part answers and two were items which had three answer options. The two-part items were the following:

No. 3	Heroin probably is not so bad for a person as some people say. They make too big a fuss about it.
No. 4	Just taking a little heroin once in a while never really hurt anybody.
No. 16	Heroin is made from the same plant as marijuana.
No. 20	It is legal to buy heroin from a drugstore but a person has to have a doctor's prescription.
No. 23	It is against the law to sell heroin or marijuana, but they can't touch a person if he gives it away.

Table 4 indicates the distribution of responses to the foregoing items:

Table 4

Percentage of "Negative" Responses to Significantly-Different Items on the Chein Inventory Post-Test Part II

	Percent Negative Responses	
Item Number	Experimental	Control
3	86	67
4	89	77
16	84	74
20	60	48
23	83	75

The two questions with tripartite answer which showed a significant difference between the experimental and control schools were the following:

No. 10 Who are more fun to be with? (fellows who use heroin, fellows who do not use heroin, both about the same).

No. 11 Who wears better clothes? (fellows who use heroin, fellows who do not use heroin, both about the same).

The percentage results for these two items are indicated in Table 5.

Table 5

Distribution of Responses to Questions About Heroin Addicts

	Percent Response in Three Categories					
	Users		Non-Users		Same	
Item	Exp.	Cont.	Exp.	Cont.	Exp.	Cont.
No. 10 - More fun to be with	4	10	75	62	12	22
No. 11 - Wear better clothes	4	7	66	71	27	37

There was a striking difference, finally, between the knowledge shown by the pupils in the experimental schools as contrasted to that indicated by pupils in the control schools. The test used had been developed by school officials and appears as Appendix D. On sixteen of the 55 questions - numbers 2, 10, 13, 14, 15, 16, 17, 26, 27, 28, 32, 41, 42, 45, 50, and 55 - pupils in the experimental schools performed significantly better than those in the control schools. On no question, did the scores of the control school pupils exceed those of pupils in the experimental schools.

Interpretation -- It is extremely important to appreciate that in all of the responses on Part I of the inventory showing significant differences, pupils in the experimental schools gave "healthier" answers than pupils in the control schools. On question 25, by way of example, 72 percent of the experimental school pupils as contrasted to 65 percent of the control school pupils labelled as false the idea that "Everybody is just out for himself. Nobody really cares about anything."

In addition, in regard to factual information about narcotics and dangerous drugs, the experimental school children were significantly better informed than the control school children. A key misconception in the dynamics of addiction - "just taking a little heroin once in a while never hurt anybody" - is rejected by an overwhelming 89 percent of the pupils in the experimental schools as contrasted to 77 percent of the respondents from the control schools.

The questionnaire responses also provide an indication that the experimental pupils rejected more often than the control school pupils, the notion of heroin users as attractive and "with-it" or "cool".persons. The experimental group also significantly differed from the control group in indicating its disbelief that heroin users were fun to be with and that they wore better clothes than non-users.

The statistical measures indicate the value of the experimental program in increasing knowledge regarding narcotics and in changing attitudes toward desired directions in regard to drug use and drug users. The responses are not confined to a particular aspect of the situation, but appear in several areas, including items relating to drug effects, legal restrictions on drugs, and social attitudes. The increased factual knowledge among pupils in the experimental school as contrasted to the control schools appears both in the Chein inventory and in the knowledge test developed by the schools.

IX. Pupil Reactions to the Program

About half a year after the narcotic educational program in the schools had been concluded, an attempt was made to secure from some of the pupils who had been involved, their responses to the program.

The follow-up was undertaken on a very limited basis by a graduate student preparing a seminar paper. He met with eight students in Stevenson junior high school and a second group of eight students at Hollenbeck. The pupils were chosen by the vice principals and appeared to be the more articulate members of their classes.

The initial statements of the group members concentrated upon the films they had been shown. There was a unanimous feeling that the films were "no good." Many of them, it was said, were obsolete, and they concentrated too much on technical information rather than showing "actual experiences." The pupils also said that they felt the films exaggerated the narcotics problem and caricatured the behavior of persons under the influence of drugs. One of the group members, less analytical, but perhaps more direct, summed up the groups' conclusion: "The films - they lie."

The students also told the researcher that most of the reading material they had been given was boring, "cut and dry." There should have been more talking and less reading, they said. And again they complained that the reading material exaggerated drug effects.

Members of the group had more favorable comments on aspects of the program other than the films and reading materials. They believed that the experience had, in fact, prevented some of their fellow students from using drugs. They told the graduate student that the talks by the ex-addicts had been the most popular part of the program. The students said that they could identify much more readily with the ex-addicts than with the actors in the films they were shown. It is noteworthy that the pupils recalled precisely the kinds of things that has been noted about the ex-addict presentations. "They said that the ex-addicts talked about their lives and how and why they first got involved in drugs. They also talked about when they used drugs the most." The pupils said they thought that the ex-addicts were honest in their talks, "which was more than they could say for the films and the reading material." Their major criticism of the ex-addicts was that they didn't like them to lecture to the classes. They preferred to hear about their personal experiences.

The pupils participating in the follow-up discussions also indicated their dissatisfaction with the testing procedures. They regarded the questionnaires they had been asked to complete not as research instruments but rather as tests, and they remained suspicious of the use to which the materials would be put, despite the explanations offered them. They also believed that too many personal questions were asked. And this group, at least, was hardly misled by the artifice of requesting birth dates instead of names. They made a point of indicating that they believed that the demographic material could easily be translated into identifications and that an unwary respondent could have been reported to the police for his self-confessed drug activities.

The two groups of junior high school students also offered a number of suggestions for alternation of the program. As recorded by the graduate student, the major items were the following:

1. The program should include seventh graders. Today, it was said, students begin to use drugs at a much earlier age than previously.
2. The classroom program should cover one drug at a time, and should devote more time to each drug.
3. The program should consider only those drugs that are the most common in the East Los Angeles area, drugs such as marijuana, "red devils," "bennies," and heroin.
4. The program should involve the police in some of its sessions. The students thought that it would be useful for police officers to be exposed to "the human factors of drug addiction."
5. The program should not be confined to a brief

period, but somehow should be spread out through the entire school year.

6. The classroom program should include presentation of samples of different drugs. This would help the students, they said, in later identifying the drugs.

Summarizing his meetings with the two groups of junior high school students, as they reviewed the experimental narcotics education program, the graduate student offered the following observations:

> While certain aspects of the program could stand some improvement, the students, by and large, were very favorable toward it. They all agreed that the program should be continued and very frankly said that they missed it.

X. Conclusion

An attempt has been made in the preceeding pages to offer a rather detailed description of various elements of the experimental narcotics education program run in two East Los Angeles junior high schools during the school year of 1967-68. In many ways, the material speaks for itself, and the conclusions to be drawn from it will depend upon values held by the interpreter and those things which he regards as central to the aim of the program and the aim of junior high school education in general. Flat statements regarding "success" or "failure" of the program must, of necessity, be placed into a context and located in a hierarchy of values, and there is no reason to believe that the researchers' values are any more resonable or acceptable than the readers'. On these grounds, we will basically let our materials speak for themselves with whatever message the reader cares to derive from them.

It only needs noting, to provide some closure in regard to the later biography of the program, that it was not attempted again during the year following its inauguration. For one thing, the expiration of federal support undercut the attractive means by which the program was supported (i.e., by extramural funds). In addition, there appeared to be a notable lack of enthusiasm for continuation of the program among school administrators.

They had probably had quite enough of the ex-addicts and enough of the involvement of outside persons in school business. There was also an emerging belief that peer group pressures might better serve the cause of narcotics education. To this end, a number of youngsters, whose attitude might fairly be descirbed as "crusading", were introduced into the junior high classrooms in the last months of the 1968 school year. The ex-addicts, properly viewing them as competitors, were appalled at what they regarded as the vicious kinds of misinformation the youngsters purveyed.

Finally, as this reports indicates, the school authorities were, from the beginning, much more concerned with the elicitation of curriculum materials that could have city-wide applicability than they were with the possible behavioral consequences or educational impact of a limited program confined to two target junior high schools. Such curriculum materials were put together and are reproduced in Appendix A. Quite properly, the administration noted that there was little likelihood that the importance of the program would be measured in terms such as drug use; and absent such indications (as well as for other reasons indicated), they preferred to concentrate upon the formulation of materials (whose impact, it might be added, also would remain unknown) which would presumably add depth and accuracy to available resources for teachers throughout the district.

There was a momentary flurry when the research group proposed that follow-up studies be undertaken to determine the possible effect of the experimental program on the drug use behavior of pupils in the experimental and control junior high schools. An application was prepared for consideration by the then research section of the Food and Drug Administration (now part of the Bureau of Narcotics and Dangerous Drugs in the Department of Justice). But the meeting between the Boyle Heights project administrators, the research group, and the school officials was flat and acriminous and the plan of cooperative work was abandoned. The school authorities felt that the research effort would again intrude into school business and detract from instructional time. They were concerned with their obligation to be protective of the rights of the pupils against untoward inquiries. And, seemingly of most concern to them, was the fact that the proposed study offered little of assistance to them in their main task of educating the city's youngsters.

That the experimental program produced improvements in the knowledge and some of the attitudes of the target school pupils in contrast to the pupils in the control schools, was assuredly encouraging. It was, of course, to be expected that it would operate in precisely this manner, but even the most carefully drawn blueprints (and this program certainly was not notably meticulous in either its outline or operation) can go awry.

Meanwhile, now officially concluded, the experimental program nonetheless will continue to produce its diverse fruits in the minds and actions of the former addicts, the teachers, and the school administrators who shaped it and participated in it. That it was an effort entered into by all its participants in the hope of accomplishing something decent should not go unnoted; that only the smallest part of its operation has been reported here (and that selectively) also needs reiteration; it is probably more tantalizing than useful to observe that the major ramifications of the program must inevitably remain unknown, and can at best only be broadly inferred from the material we have provided. But, perhaps, this observation will best serve to place the report into its proper perspective.

Footnotes

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APPENDIX "A"

CURRICULUM MATERIALS EMERGING FROM WORKSHOPS

FOR CLASSROOM TRIAL ONLY

Publication No. I

DRUGS AND DRUG ABUSE

A COOPERATIVE NARCOTICS PREVENTION PROGRAM

Funded by the Office of Economic Opportunity
Under a Grant to the Economic and Youth Opportunities
Agency of Greater Los Angeles
PL 88-452, Title II

LOS ANGELES CITY SCHOOLS
Division of Instructional
Services and Planning
1968

LOS ANGELES CITY SCHOOL DISTRICTS
Division of Instructional Services and Planning

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CLASSROOM TRIAL APPROVAL

PROJECT: NARCOTIC PREVENTION PROJECT

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This material is accepted for classroom trial.

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FOREWORD

Information about the use and misuse of drugs is provided in this booklet to assist the reader in making wise decisions regarding them during the rest of his life. Emphasis is placed on the harmful effects of drugs and on the dangers of drug abuse because they represent one of our biggest social and health problems.

During the last several years, the problem of drug abuse has grown rapidly among young people in our nation. At the same time, much new information has become available regarding the victims of misuse and the methods of treating them.

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I. GENERAL INFORMATION ABOUT DRUGS

What is a drug?

A drug is any substance other than food that can affect the structure of your body or its functions.

Many years ago man discovered that some of the plants growing around him seemed to be useful in healing sores, in relieving pain, or even in curing disease. A good example of such a plant is kelp, or seaweed. Iodine is obtained from kelp and is used in killing germs and in the treatment of disease. Quinine is produced from the bark of a tree and is used in treating malaria. Still another example is the leaf of the foxglove plant, which contains a drug called digitalis, which is valuable in the treatment of heart disease.

Where do drugs come from?

Drugs come from many different sources. In addition to plants, minerals or chemicals are an important source. These are purified and used by man in a variety of ways. A common example is salt, which can be used for flavoring, for soaking parts of the body, as a laxative, and in distilled water for injection into a person's veins. Other minerals or chemicals used by man include sulfur, iron, copper, calcium, phosphorous, and carbon. The human body is a chemical factory. It uses these minerals to produce such powerful drugs as harmones and enzymes which are needed by the body to grow, mature, and function properly.

Two other sources of drugs are the bodies of animals and chemicals prepared in laboratories. Vaccines are produced from certain animals, and the glands of certain others are used in treating human illnesses. Such glands as the thryoid, adrenal and pituitary are used widely in hormone production. However, the most widely used drugs today are developed in chemical laboratories.

Why is drug misuse a problem?

When used properly, drugs are most important in increasing our life span, but drugs also can be misused. Later, you will learn more about this problem. In our society, many people are working to protect our population from the misuse of drugs by warning them of their dangers. Some drugs do not always work in the same way on the same person, and they also do not affect different people in the same way. In addition, may cause "side effects," such as rashes, sleepiness, nervousness, and blurred vision. An overdose also may produce severe illness or death.

People who live in California and throughout the country are concerned about the misuse of drugs. This problem also is called "drug abuse." Drugs are "abused" in two main areas:

(1) When a drug is obtained illegally

(2) When a drug is taken by a person without proper knowledge of its effects

What is meant by being hooked?

Closely related to drug abuse is the problem of drug dependence. The term "drug dependence" is being used more and more in place of "drug addiction." The publication Drugs,[1] published by the State of California, provides this information:

> Drug addiction, commonly referred to as being hooked, is a condition produced by repeated use of drugs which, in spite of being harmful to the health of the individual, he is unable to stop.
>
> Physical tolerance and physical dependence are characteristics of drug addiction. Physical tolerance develops in the body; then it becomes necessary to take increasingly larger doses to achieve the same degree of intoxication previously felt with a smaller dose.

[1] Delinquency Prevention Commission, Drugs (Sacramento: State of California Documents Section, 1967), pp. 5-6. Inquiries should be addressed to P.O. Box 2019, Sacramento 95807.

Physical dependence causes pain (known as withdrawal symptoms) if the drug is not replaced in the addict's body. Withdrawal symptoms last from three to ten days after the last dose of drugs was taken. Although the symptoms are violent and painful, they rarely result in death. It requires four to six drug-free months for the body to regain normal functioning.

Emotional dependence usually develops when the drug is necessary for the individual to maintain a psychological feeling of well-being. Drugs alter consciousness, sensation, or mood. The addict experiences a compelling desire of physical need to continue taking drugs - and to obtain them by any means.

All drug use is not physically addicting. Marijuana and hallucinogens are not addicting, but their use can become habit-forming. Habit-forming drugs do not cause physical tolerance or physical dependence in the body. When discontinued, there are no withdrawal symptoms. However, association with users and peddlers of illegal drugs often leads to the use of heroin and other narcotics. Use of opiates and some barbiturates does become physically addicting.

The abused drugs fall into two main groups: sedative drugs and stimulant drugs. With these drugs, tolerance may develop, causing the user to need increasingly larger doses to achieve the emotional state he desires.

Sedative Drugs: Sedative or depressant drugs act upon the central nervous system to relieve pain, lessen nervousness, and produce sleep or stupor. They reduce physical activity and mental controls. Larger doses can cause convulsions, coma, and death.

Stimulant Drugs: Stimulant drugs induce sleeplessness or extreme irritability. Excessive doses of these drugs can cause hallucinations. Within these two main groups, drugs can further be broken into five subclassifications: narcotics, restricted dangerous drugs, tranquilizers, hallucinogenic or psychedelic drugs, and other 'abused substances'.

STUDY QUESTIONS

Complete each of the sentences below by writing the missing word or words on a separate sheet of paper.

1. Man obtains drugs from plants, animals, minerals and chemical combinations developed in _____________.

2. Drugs are used to heal ____________, relieve ______________, and cure ______________.

3. A common chemical used by man is _______________.

4. The human body acts as a chemical factory by producing such powerful drugs as _______________ and _______________.

5. Three glands in animals used widely as drugs are _______________, ________________, and _______________.

6. Some "side effects" of drugs might be _____________, _______________, and __________________.

7. Another term for drug abuse is drug ______________.

8. A person who has to take increasingly larger doses to receive the same effect from a drug has developed _______________.

9. If a drug is not replaced in an addict's body the person may suffer pain. If so, the addict has developed _______________.

10. Sedative drugs also are referred to as _________________.

11. Sedative drugs that reduce physical activity and mental controls act on the central _____________system.

12. Drugs that induce sleeplessness or extreme irritability are known as __________________drugs.

II. STEPS LEADING TO DRUG DEPENDENCE

More than 90 per cent of all heroin addicts known to the Federal Bureau of Narcotics previously used marijuana. Although the use of marijuana does not directly cause heroin addiction, the relationship between these two drugs has long puzzled doctors, psychologists, sociologists, and law enforcement officers. In the past, authorities believed that criminal "pushers" trapped young people into heroin addiction, using marijuana as a "lure." Other experts have expressed their opinion that young people tried marijuana for "kicks" and then moved on to heroin for bigger "kicks." In fact, the process through which a healthy boy or girl becomes a heroin addict is an easily understood cycle. It appears to begin in the same way as the use of marijuana.

The person who begins smoking marijuana and then uses heroin probably is ignorant concerning the effects of the drugs or has received the wrong information. As a result, he becomes trapped into addiction. For example, suppose a boy is offered some marijuana by a couple of close friends. He might have heard that marijuana can cause insanity and lead to violent behavior. Thus his first reaction might be a mixture of fear and curiosity. The fear is created by what he has heard about marijuana, and his curiosity is based on the fact that his friends do not seem to be having problems. In talking to his friends, the boy is told that marijuana does not cause insanity, nor does it lead to violent behavior, but usually reduces aggressiveness. In spite of the fact that his friends' information may not be correct, the boy's fear lessons, and his curiousity grows. Therefore, he tries a few marijuana cigarettes, or "joints." Under the influence of the drug, he finds that colors appear and seem to be a bit brighter, music seems to be slightly more interesting, and funny things seem to be much funnier. As his friends said, marijuana does not seem to make him violent. In fact, it reduces his aggressiveness to the point that he is no longer interested in competing in sports or in class work.

In the future, the boy will laugh at anyone who says that marijuana is harmful. He thinks he knows better. When he smokes a joint, he will get "high" and escape reality for several hours; and then he will feel hungry and a bit sleepy. Eventually, he will return to reality. As a result, he will think that the use of the drug has caused no problems. But is this really true? Before the boy had tried marijuana, no drug users, except his closest friends, would tell him about their taking the drug because its use is illegal and users are in constant danger of arrest. When he smoked his first cigarette, the boy also was breaking a law. Now, however, other drug users (and sellers) have little reason to hide their activities from him. So the boy is constantly exposed to many illegal drugs. This situation is obviously dangerous for he is likely to try other drugs as they become available. Yet this boy does not look at the problem this way. His chest swells with pride because his new-found "friends" "trust" him. Marijuana smoking soon becomes an important part of his life, although he cannot share it with his non-using friends. During a brief period, he stops associating with them and begins to meet with other users and sellers. The boy is now at the point of no return. If he wanted to stop smoking marijuana, he would have to stop seeing his new friends. In addition, his old friends probably would not accept him again, since he has purposely ignored them. (He probably thinks of them as "squares.") If the boy gives up marijuana, he realizes he will be without friends. If he continues to smoke it, he may become an addict.

The boy probably will continue to tell himself that he is not in danger. Eventually, a friend will offer him some other drug. He will look around, see his friends using it, shrug, and think, "Why not?"

Perhaps the boy will take some "reds," a type of sleeping pill. They will dull his senses and make him appear to be drunk. Perhaps he will take a couple of "bennies," a stimulant, along with the "reds." Although he may then appear to be fairly alert; his mind will be dulled and his judgment impaired. Because his thinking is foggy, the boy's marks in school may drop rapidly. However, he will not blame his drug use. He will probably blame the teacher for giving him too much work.

Eventually, the boy will be introduced to heroin. To a person who has never used drugs, taking a "fix" of heroin should be a frightening expression. He should know that heroin is manufactured illegally and without controls. There is no way of telling whether a given amount of heroin will make him feel good or kill him. The boy should know that many heroin addicts contract diseases from dirty needles. Most important, he should know that using heroin can lead to an addiction that few people can break. By this time, however, the boy has seen his friends use heroin many times. It has become commonplace. The average person no longer seems important. Since the boy knows people who have used heroin for several months without apparent ill effects, he thinks, "Why not try some?"

This is the way in which every user of heroin becomes addicted. The boy will take a "fix" occasionally and, in the process will meet more and more heroin users. Before long, he will be associating only with heroin addicts and will consider marijuana "kid's stuff." The more that the boy associates with other heroin users, the more available the drug will be, and the more he will take "fixes." One morning he will wake up and feel sick. This feeling will become worse and worse unless he takes another and a bigger "fix." From this point on the boy has nothing to look forward to but a lifetime of addiction and imprisonment.

How did all this happen? Dependency on drugs can be broken down into a five-step cycle. Almost every addict has traveled this cycle, and many young people who decide to smoke marijuana are on their way. Briefly, the steps are these:

1. When a person begins using an illegal drug for any reason, such as curiosity or pressure from friends, the drug often acts to change his attitudes in such a way that his activities and interests begin to center around obtaining and using drugs.

2. Once his interests and activities revolve around drugs, the person will begin to limit his friendships to other drug users, and he will turn his back on non-users.

3. When his friendships are limited to other users, he becomes constantly exposed to other drugs and users.

4. As the person is exposed more to other drugs, his reluctance to use them breaks down.

5. Once he begins experimenting with other drugs, the cycle begins all over again. A marijuana user who begins experimenting with heroin also might begin limiting his friendships to other heroin users. Eventually, he becomes a heroin addict.

In this cycle, "pushers" don't really trap young people into heroin addiction. Marijuana does not really lose its "kick," forcing the user to try heroin. Young people simply fall into a trap because of their own ignorance. They may begin with marijuana, glue, pills, or even alcohol. Yet, the chances are that they will reach the same end - a life of addiction and imprisonment.

What can young people do to prevent themselves from becoming victims of the cycle? They can make it a point to study books and articles about drugs, so that they will be properly informed. They can make it a point to get all the facts so that they will know enough not to accept a marijuana cigarette, a drink, a pill, or any other drug from a friend or from anyone else. Most important, they also can learn to say "NO"!

Questions About Steps Leading to Drug Dependence

Copy the number of each test item (1 to 10) on a sheet of paper. Beside each number, write a., b., or c. to indicate the best of the three possible answers.

1. The percent of heroin addicts who began by using marijuana is estimated to be:

   a. 60% of known addicts
   b. 30% of known addicts
   c. 90% of known addicts

2. Most young people progress from marijuana to heroin as a result of:

   a. Ignorance
   b. Education
   c. Offer from a "pusher"

3. The use of marijuana usually causes an athlete to act:

   a. More aggressively
   b. Less aggressively
   c. The same as before

4. The person who might take sleeping pills and "bennies" together probably would act:

   a. Mentally alert
   b. Mentally dull
   c. The same as before

5. Use of heroin in the United States is:

   a. Illegal
   b. Under strict legal control
   c. Both

6. A person using a needle to take a "fix" of heroin:

   a. Is not sure of the pureness of the heroin
   b. Runs a risk of infection from the needle
   c. Both a. and b.

7. The marijuana user associates most freely with:

   a. Non-users
   b. Users
   c. Neither users nor non-users.

8. When a person begins using illegal drugs, his main activities and interests will be centered in:

   a. Obtaining and using more drugs
   b. Stopping use of the drugs as soon as possible
   c. Participation in school and sports

9. As a user is exposed to more drugs, his desire increases to:

   a. Stop taking drugs
   b. Continue taking drugs
   c. Seek help from the police

10. A Young person may prevent his becoming dependent on drugs by:

    a. Getting all the facts by reading books and magazines
    b. Learning to say "No"
    c. Both a. and b.

III. MARIJUANA

History and Description

In general, the term "marijuana" is used in referring to the Indian hemp plant. In its long history, the plant has had many names, including the Arabian "hashish." The plant has been used for many centuries in making rope and for its drug effects.

When marijuana first became well known in the United States during the 1930's, there was a controversy regarding its harmful effects. The United States Commissioner of Narcotics was very much opposed to its use but there was a small group (mainly marijuana smokers) who wanted to legalize marijuana. They claimed that it was not harmful. This conflict led to some research. Later, the Marijuana Tax Act was passed, placing the same restrictions on marijuana as the Harrison Act had placed on opium in 1914. This law controls the importation, manufacture, purchase, sale, and distribution of the latter drug. Most marijuana now entering the United States comes from Mexico. It is illegal to use, cultivate, or possess marijuana in the United States.

In 1956, the Narcotic Control Act was passed as a result of intensive studies made by Senate and House Committees which investigated the problem of juvenile addiction in the United States after World War II. The act provides that persons who are convicted of selling drugs or marijuana illegally shall be sentenced to terms of not less than 5 years nor more than 20 years. In addition, the offender may be fined as much as $20,000.

In the United States, marijuana is used most frequently by smoking. However, it also is used by:

Chewing the leaves
Sniffing it in powdered form
Drinking it when mixed with honey
Eating it as a candy when mixed with other ingredients.

The flowering tops of the plant are cured by drying, "manicured" by crushing, and rolled into "cigarettes" wrapped in crude brown paper with the ends folded or twisted. Marijuana users may refer to these cigarettes as "reefers," "sticks," or "joints" and to marijuana itself as "Mary Warner," "tea," "grass," "hay," "weed," "pot," "M," or "B." The marijuana smoker learns to inhale slowly and deeply to gain the greatest satisfaction.

Effects of Marijuana

Marijuana is legally classed as a narcotic by both federal and state laws, although its action on the body is less clearly defined, less uniform, and less predictable than that of opiates. Because the effect on each individual is different, marijuana is considered to be an unstable drug. Doctors will not use it as a medicine because it is unreliable and unpredictable.

The Marijuana User

The statement that "You can judge a person by the friends he keeps" applies to marijuana users, too. Most often, a person will acquire the habit of smoking because it is used by his friends. He then feels a part of the group.

Conclusion About Marijuana

1. Marijuana is an intoxicant.
2. Occasional use of marijuana may lead to its regular use and to the development of psychological dependence on the drug.
3. The use of marijuana often opens the door to use other drugs.
4. The marijuana user is engaging in a criminal activity punishable as a felony. A crime of this size can scarcely be viewed as an innocent pastime.

QUESTIONS ABOUT MARIJUANA

Write the number of each test item (1-10) on a sheet of paper.

If a statement is true, write T after the number; if a statement is false, write F after the number.

1. Marijuana is an important pain-killing drug used by doctors.
2. Marijuana is an illegal drug. Whoever produces or distributes it is guilty of a felony, punishable by a jail sentence and fine.
3. Most marijuana now entering the United States comes from Mexico.
4. The plant from which marijuana comes can be used to make rope.
5. A person who feels he must take marijuana or any other drug in order to enjoy life or to belong in a group has failed to make a normal, wholesome adjustment to life.
6. Smoking marijuana is really an innocent pastime, and laws against its use should be made more lenient.
7. When it is burning, marijuana smells like dried alfalfa or hay.
8. Use of marijuana may lead many persons to the use of other drugs.
9. There is no harm in using marijuana once in awhile.
10. Marijuana may be used in ways other than by smoking it.

IV. OPIUM AND OPIUM PRODUCTS

History and Description

Opium is the dried, milk-like juice extracted from the unripened pod of the poppy plant, Papaver Somniferum. Other types of poppy plants do not have narcotic properties. Common opium products are morphine, codeine, and heroin. The "opium poppy" grows in hot, dry climates and is produced in such countries as India, Turkey, China, Egypt, and Mexico. The prepared or purified opium can be eaten or smoked. This practice of eating or smoking of opium, however, are rare today except in the Far East.

Morphine, an opium by-product, was discovered in Germany in 1806. This narcotic is used by doctors primarily as a pain killer.

Heroin was developed in Germany about 1900. It is a white crystalline powder that is odorless and has a bitter taste. Heroin is made from morphine by a simple chemical process. At first, it was believed that heroin would be a good substitute and even a cure for morphine addiction. Soon, however, it was discovered that heroin is even more addicting than morphine.

Codeine, which also is made from opium, is used as a pain-reliever and as an ingredient in some cough syrups. It is used for the same purposes as morphine, but its effects are more mild. Cough syrups containing codeine are sold in California only on a doctor's prescription. A prescription also is required to purchase other forms of opium, including morphine. The use of heroin is illegal.

Effects of Opium

The chief effect of opium and its by-products is upon the central nervous system and the intestines. Doctors use morphine because it reduces severe pain without interfering with body control and breathing. However, it produces certain undesirable side effects. With prolonged use, the body builds up a tolerance so that the dosage must be increased to achieve the same results. In addition to addiction, taking morphine also causes vomiting, constriction of the pupils of the eyes, constipation, perspiration, and depressed respiration.

Opium Addiction

Addiction to opium can be defined as the psychological craving and the physiological need for continued use of the drug. Addiction results when narcotics, including opium, morphine, and heroin, and at times, codeine, are used continually. To the addict, the most important result from the use of heroin is the euphoria, or "kick", which is experienced after an injection, or "fix." The amount of enjoyment depends on the user's individual characteristics and the strength of the dose. Once he is "hooked," the heroin user is likely to say that he only continues taking the drug to avoid the torture of withdrawal. Addicts who use morphine are usually those who have access to the drug, such as professional people or persons who have taken it for a period to relieve severe pain. Patients who have received severe burns and injuries, or have had a chronic (prolonged) disease, such as cancer, may become victims.

QUESTIONS ABOUT OPIUM AND OPIUM PRODUCTS

Write the number of each test item (1 - 10) on a sheet of paper. If the item is true, write T after the number; if the item is false, write F after the number.

1. Opium is made from the juice of various types of poppies.
2. Only the unripened capsule has narcotic effects.
3. Prepared opium is chewed or smoked.
4. Addiction is merely a state of mind.
5. Heroin is used as a medicine in the United States.
6. Of the opiates, only heroin is habit forming.
7. Heroin is stronger than morphine.
8. Morphine is used for severe burn cases.
9. Narcotic addicts dread withdrawal discomfort.
10. Codeine contained in cough syrup, even in large amounts, is not dangerous.

V. BARBITURATES

History and Description

The barbiturates are a large family of drugs derived from barbituric acid, which was developed in Germany during the nineteenth century. Since then, many barbiturates have been synthesized (produced in the laboratory) and prepared for medical use under such names as secobarbital sodium, sodium pentobarbital, amobarbital sodium and mixtures. These drugs are in the form of a white, crystalline powder. Their names usually end in "al", indicating a relationship to barbital, the first drug of this type to be manufactured.

Federal law permits persons in only certain groups such as manufacturers, druggists, hospital staffs, physicians, and research workers, to handle these dangerous drugs. These persons are required to register and to maintain records that are available for inspection by the Food and Drug Administration.

Yet, in recent years, addiction to barbiturates has increased rapidly because they can be obtained by adults much more easily than opiates or marijuana.

Effects of Barbiturates

Barbiturates are known as depressants because they depress the central nervous sytem to relieve tension or to produce sleep. Doctors sometimes prescribe barbiturates to person who have high blood pressure for this purpose. Depressants are substances which slow down the activity of the central nervous system. Therefore, they affect all of the physiological processes of the body.

These drugs also are known as sedatives because they are used to produce sleep. Since barbiturates are the most useful of all sedatives and hypnotics, many doctors use them to increase the effects of pain-killing drugs.

Although most people think of barbiturates as sleeping pills, drug abusers refer to them as "downers." The pills or capsules are known to this group by a variety of other slang names, depending upon the color of the capsule. For example, the most commonly used is secobarbital sodium, which is a red capsule referred to as a "red," or "red devil." The pink capsule, which is also secobarbital sodium, is called a "pink lady," or "pinkie," because of its color. The yellow capsule is a sodium pentobarbital and is referred to by abusers as a "yellow," or "yellow jacket." The blue capsule is amobarbital sodium and is called a "blue," or "blue heaven." In addition, a blue and red capsule which contains amobarbital sodium and secobarbital sodium, is used frequently. Because of its color combination, the abusers refer to it as a "rainbow," or "double trouble." This capsule contains special drugs and is usually twice as strong as other capsules of the barbiturate type. Although capsules contain the characteristic white powder, drugs of this kind also are produced in the form of candy-coated tablets.

Abusers of barbiturates will appear to have the common symptoms of drunkenness, but there is no odor of alcohol unless the user has consumed it as well.

There are some of the effects of depressants:

1. A small amount of the drug makes the user believe that he is relaxed, sociable, and good humored. The drug makes him less alert and slows down his reaction time.
2. Increased doses cause sluggishness, depression, slurred and indistinct speech, loss of balance and a tendency to fall, and a quick temper and quarrelsome disposition. These symptoms may be accompanied by mental and emotional instability. The user may slump into a deep sleep or a coma, depending upon how much of the drug he has taken.
3. An over-dose, which is common, may result in unconsciousness and death, unless the person receives proper medical treatment. Some persons have died as the result of an over-dose because they were so drowsy they had no idea how many pills they had swallowed. More persons die as a result of barbiturate poisoning than from any other type of drug except aspirin. Barbiturates are responsible for

approximately three-fourths of all accidental or suicidal deaths from drugs. Their use is also a significant factor in causes of automobile accidents that do not involve other vehicles.

4. A person who is depressed emotionally should not be permitted to have more than a minimum supply of sleeping pills because of the danger of suicide.

Continued Misuse of Barbiturates

Misuse of barbiturates can cause intoxication much like that caused by misuse of alcohol. Drug abusers take these depressants because of the alcohol-like euphoria (false sense of happiness) that they produce. The addict seeks to escape unpleasant realities by taking intoxicating doses of the drug. How can a person "get high" on barbiturates or sleeping pills as they are commonly known? If he takes the pills, lies down, closes his eyes, and relaxes, he will sleep well. On the other hand, when the user remains on his feet, he will get "high" and give the same appearance of being under the influence of alcohol. Opiate addicts may occasionally use barbiturates when they cannot obtain the opiates. Through repeated use of certain barbiturates a person acquires an uncontrollable physiological and psychological craving for them and develops severe physical and personality disorders. Once a person is addicted to barbiturates, he will find that the withdrawal symptoms are much more severe then those of a person addicted to heroin.

QUESTIONS ABOUT BARBITURATES

Write the number of each test item (1-10) on a sheet of paper. If the item is true, write T after the number; if the item is false, write F after the number.

1. Barbiturates, taken in exesssive amounts, cause a severe depression of the central nervous sytem which may result in unconsciousness or death.
2. When alcohol and barbiturates are taken together, the drugs tend to neutralize each other, causing only a mild reaction.
3. Barbiturates, if taken repeatedly, may ceuse total drug dependency which is as severe as heroin dependence.
4. "Yellow Jackets," "red devils," "blue heaven," and similar terms are slang terms for various forms of amphetamines.
5. The young person who abuses drugs today is most likely to begin by using the most dangerous drugs.
6. Dangerous drugs should only be used under a doctor's supervision or prescription.
7. Barbiturates are depressants because they slow down the work of the central nervous sytem.
8. Barbiturates have no use and should be outlawed.
9. Withdrawal symptoms of barbiturates abusers are considered to be be more dangerous than withdrawal symptoms of heroin addicts.
10. More persons die as a result of barbiturate poisoning than from most other types of drugs.

VI. AMPHETAMINES

History and Description

Amphetamines (stimulants) are a group of drugs that directly stimulate the central nervous system. The basic ingredient of these drugs is amphetamine sulfate, a whitish powder. It may be distributed in the form of tablets, capsules, ampules, or liquid. Color may be added to aid in identification of the different capsules and tablets. Amphetamine and related drugs may be sold under such names as amphetamine sulfate, methamphetamine hydrochloride, and dexoamphetamine sulfate. To the drug abuser, amphetamine may be known as "pep pills," bennies," "speed," "dexies," "A's," "drivers," "cross-roads," and "ups." These slang terms usually are based upon the shape, color, and effects of the tablets or capsules.

Effects on the Body

Amphetamines are best known for their ability to stimulate the central nervous system (CNS). Continued use of amphetamines may cause undesirable side effects and make it difficult to treat the user. Usual effects on the body include:

1. Sleeplessness at later stages
2. Loss of appetite
3. Increased blood pressure and pulse rate
4. Increase in respiration rate
5. Feeling of increased energy

The drug abuser, to obtain a "kick" or "high," may increase the dosage until the following effects occur:

1. Excitability
2. Nervousness, shown by shaking of hands
3. Extreme restlessness
4. Enlarged pupils
5. Heavy perspiration
6. Appearance of exaggerated alertness
7. Blurred vision

Continued use of amphetamines in increased dosages also can cause:

1. Hallucinations
2. Heart attacks
3. Convulsions

Social Effects

Use of amphetamines by drug abusers has become a social problem in many parts of the country. Each year, many traffic accidents are attributed to an overdose of amphetamines. Use of the drug, plus a lack of sleep, may cause hallucinations and distort the driver's view of the road. Amphetamines also are used by college students during examination periods to increase alertness and to prevent drowsiness. Young people also have taken amphetamines to obtain a "kick." Education regarding the effects of these drugs may help to solve the serious problem that has developed because of their misuse.

Medical Usage

Amphetamines, when used under a doctor's direction, are valuable tools in fighting fatigue and sleepiness. They have also helped persons to control the appetite. An amphetamine known as benzedrine, when inhaled through the nose, is of value in clearing the nasal passages. Amphetamines also are used in the treatment of the mentally ill. However, amphetamines should be used only under the direction of a doctor.

Amphetamines are habit-forming in that they create a psychological dependence upon the drug. Tolerance also occurs, and the drug abuser finds it necessary to keep increasing the dosage to achieve the desired effect.

VII. HALLUCINOGENS

History and Description

For many years men have known that certain substances, when taken into the body, could affect the mind in such a way as to cause a person to have visions or hallucinations. Certain Indian tribes in the Southwestern United States have long used the sacred mushroom and the peyote cactus to produce visions and hallucinations. The drug psilocybin, derived from the mushroom, and the drug mescaline, derived from the peyote cactus, have been studied. Neither have been found to serve a useful medical purpose.

Dr. Alber Hofmann, a Swiss biochemist, discovered LSD in 1938 but he did not realize how strong or potent it was until 1943, when he reevaluated the drug. LSD or LSD 25 (lysergic acid diethylamide tartrate) is made from ergot, a black fungus which sometimes develops in place of the seed in rye grain, or it can be produced synthetically in the laboratory. LSD is related to psilocybin and to mescaline but is many times stronger.

LSD is colorless, tasteless, and odorless and may be prepared in the form of a liquid, crystalline powder, capsule, or tablet. It is 1,000 times as strong as marijuana. Users call their experiences with LSD "trips."

LSD is commonly referred to by its actual name, but it also is called "acid." At one time, it was publicized as a "consciousness-expanding" drug that would increase creativity in art and music.

Effects on Body

Some persons have suffered extremely serious effects from LSD. Users often must be placed in hospitals as mental patients. Some of the common symptoms that persons develop when they use LSD are:

1. Dilation of the pupils of the eyes
2. Muscular tension
3. Increased pulse rate
4. Deep respiration
5. Lack of orientation
6. Inability to think
7. Visual disturbances

Psychological Effects*

LSD users react differently, for its effects are unpredicatable. Some of the other effects may include:

1. Distortion of time and space -- Music may seem to have "scent," and sound may seem to have "color." Fixed objects may appear to move, and faces may appear to change shapes.
2. Persons performing research report that LSD users may lose their identity and undergo mental disorganization.
3. Some recent research has shown that LSD damages the chromosomes, which in turn can cause damage to the children of users.
4. Users have suffered the effects of taking LSD repeatedly, even when they have not taken a dose for many months.

Levels of Medical Use

At present, doctors do not use LSD for their patients. Research workers are still studying the characteristics of the drug, and therefore it is used for study only under carefully controlled conditions.

Case Reports

A young man under the influence of LSD left a party and was walking on a busy street. Without warning, he stepped into the path of oncoming traffic and shouted "Halt". He was killed instantly.

One man who took LSD for the first time developed the idea that everyone was trying to kill him. Instead of being attacked, however, he attacked friends who were accompanying him. One of his friends ran, and the other was badly beaten.

A high school girl who swallowed LSD cut the tendons in her wrists when she looked in the mirror and thought that she saw her face dissolve.

A man who had been stopped from diving off a cliff near the ocean explained he thought that the waves breaking on the rocks were a huge silk scarf and then he wanted to dive into it.

Another young man who had swallowed LSD for the first time became convinced that he must offer a human sacrifice. He had to be prevented from throwing his girl friend off the roof of a Hollywood hotel.

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*Users of LSD develop a psychological dependence upon the drug. It is not, however, considered to be physiological addictive.

One young person appeared at a hospital and requested surgery for a brain tumor. When questioned on how he knew there was a tumor, he said he had crawled into the left side of his brain and had seen the tumor on the right side.

A young man thinks he is an orange and sits in his apartment, afraid that if anyone touches him he will "turn to orange juice." Friends bring him food and LSD.

QUESTIONS ABOUT HALLUCINOGENS

On a separate sheet of paper, briefly answer the questions below:

1. What are the two kinds of hallucinogen drugs in addition to LSD?
2. What was LSD used for in the beginning?
3. Is LSD considered to be addictive?
4. Who was the doctor who discovered LSD?
5. What kind of hallucinogenic producing plant did persons in the Southwestern United States use?
6. Where are most natural hallucinogenic drugs found?
7. What part of the body does LSD primarily affect?
8. Is mescaline a natural or a snythetic drug?
9. How is LSD taken?
10. What are some effects on the body from taking LSD?

VIII. TRANQUILIZERS

History and Description

The term "tranquilizers" is used in referring to a large group of drugs that were introduced in the early 1950's. These drugs are manufactured (synthetic) or are extracted from plants. Used to slow down tensions and emotions, tranquilizers are sold as tablets, capsules, or ampules. Their drug names include Resperine, Phenothiazines, and Chlordiazepoxide. Another chemical called meprobamate is produced as a tranquilizer.

Effects on the Human Body

Tranquilizers are best known for their ability to treat mental and emotional problems, to relieve tensions and to reduce high blood pressure. They may be classed as "major" or "minor." The major type of tranquilizers is used by persons who are mentally disturbed and by heart patients. The minor type is used by persons to relieve tension or anxiety. Some minor tranquilizers are used to help relax muscles.

Some of the effects of using tranquilizers may be:

1. Drowsiness
2. Lack of muscle coordination
3. Convulsions

Medical Usage

Tranquilizers should be used only under the direction of a doctor. Their use has been effective in aiding the mentally ill to become rational and relaxed.* They also have been of great help to doctors in treating patients with high-blood pressure; in assisting with the relaxation of muscles; and in treating patients who are anxious or tense.

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*Tranquilizers do not "cure" the patient, but help him to relax so that the doctor can work more effectively.

Degree of Dependence

Use of tranquilizers has followed a pattern similar to that of many narcotic and dangerous drugs. When they first were developed, tranquilizers were believed to be non-addicting. Subsequently, however, some have proved to have habit-forming and addicting qualities. Their effect is basically physiological; but, with prolonged use, tranquilizers may become psychologically habit-forming. There is apparent danger to the body when tranquilizers are used with other sedatives or alcohol.

Social Effects

These drugs are not abused as frequently as amphetamines and barbiturates, but the problem occurs often enough to require strict control in their use.

QUESTIONS ABOUT RRANQUILIZERS

Write the number (1-6) on a separate sheet of paper. Match each term in the left-hand column with its best definition by writing the appropriate letter in each space.

_____ 1. Tranquilizer

_____ 2. Synthetic

_____ 3. Ampule

_____ 4. Tension

_____ 5. Meprobamate

_____ 6. Sedatives

A. A small glass container of a drug

B. Can be dangerous when taken with tranquilizers

C. The drug name for a tranquilizer

D. Referred to as "being anxious"

E. Drugs that are manufactured

F. Drugs other than sedatives used to relax a person

G. Diet pills

IX. VOLATILE CHEMICALS

History and Description

Breathing in of the vapors or fumes from certain chemicals can cause great damage to the person using them. In addition, use of other types of vaporants or inhalants frequently ordered by doctors for their patients can have serious effects when used improperly. These volatile chemicals, as they are called, are similar to ether and used by doctors while performing surgery. Other dangerous chemicals that are sometimes used foolishly by people who are unaware of the dangers involved include certain types of glue, plastic cement, paint thinners, lacquers, varnish, pain removers, gasoline, and lighter fluid. The practice of inhaling or breathing in of vapors or fumes has been given the slang name of "sniffing." The most dangerous chemical now being used for this purpose is glue or plastic cement. These contain a substance called toluene.

Effects of Glue "Sniffing"

When a person engages in glue "sniffing," such effects as these occur:

1. The vapor can have the same effect upon the body as a general anesthetic.
2. The first experience is a tingling sensation in the head known as a "jag."
3. If inhalation continues, the user acts as though he were intoxicated.
4. His speech will become slurred, and he will walk unsteadily.
5. If he continues to inhale, he may commit irresponsibile acts, or go into a coma.
6. The solvents in glue cause a temporary depression of the central nervous system.
7. The mucous membrane of the nose and throat becomes swollen and inflamed.
8. The blood of a glue sniffer may also show signs of anemia.
9. Eventually, there will be liver, kidney, and brain damage as well as destruction of bone marrow.

Dependency on Glue "Sniffing"

As with the use of dangerous drugs, glue"sniffing" can cause a person to become dependent. These are some of the developments:

1. If done habitually, glue "sniffing" leads to tolerance and psychic dependence.

2. Inhalation of one tube may produce mild intoxication in the beginner. As tolerance in the body develops, however, the person may need several tubes to produce similar results.

3. Eventually, it becomes necessary to inhale "glue" constantly to maintain a "high feeling."

4. A person who stops "sniffing" in the early stages is fortunate because the habit can be checked more readily.

5. Adolescents or adults who continually "sniff" glue or use other volatile chemicals improperly eventually begin to use other forms of drugs.

Extent of Glue "Sniffing"

a. In Los Angeles during a three year period, 600 cases were reported. Some of these involved acts of violence and, eventually death.

b. Reports indicate that the number of cases is increasing, although statistics are incomplete because many incidents are not called to the attention of police.

c. One reason for the lack of information is that, under California law, glue "sniffing" is not prohibited. However, local ordinances against the practice may be established.

Effects of Gasoline and Smilar Substances on the Body

Use of these substances affects the central nervous sytem and causes mild to severe symptoms of intoxication, depending upon the person and the amount or volume of fumes inhaled. Mild symptoms resemble those of alcoholic intoxication. In extreme cases, however, delirium, coma, seizures, or death may occur. The incidence of gasoline sniffing is believed to be much higher than is commonly recognized.

X. DRUGS ABUSE LAWS; TREATMENT OF ADDICTS

The spread of drug abuse can be compared to the spread of a disease. Addiction to a drug is like an infection to which many people are susceptible. Because the "disease" of abusing drugs is particularly serious, many attempts have been made to reduce the supply of illegal drugs. International treaties, border inspection, and local seizures of drug supplies all have contributed to the achievement of this goal.

Federal Laws

Harrison Narcotic Act (1914) - A tax measure designed to control the importation, manufacture, production, preparation, purchase, sale, distribution, or gift of opium or drugs derived from opium. This act was strengthened in 1922 and 1942.

Marijuana Tax Act (1937) - Similar to the Harrison Narcotic Act. Although the same exceptions are made for its use by doctors, they do not employ marijuana in the treatment of patients.

Narcotic Control Act(1956) - The Narcotic Control Act resulted from intensive studies made by Senate and House Committees which investigated the increasing juvenile addiction in the United States after World War II. Both committees recommended the imposition of heavy penalties as the strongest deterrent to narcotic traffic and narcotic addiction.

The first offenders, the Act provides a penalty for the unlawful sale of narcotics or marijuana of not less than 5 years and not more than 20 years imprisonment and a maximum fine of $20,000. A person who is convicted of such a crime is not eligible for probation or parole, or for suspension of his sentence. An adult who is convicted of furnishing heroin to a minor is subject to a sentence of from 10 years to life, a maximum fine of $20,000 or the death penalty, if the jury so directs.

Drug Abuse Control Amendments (1965) - The Drug Abuse Control Amendments to the Federal Food, Drug, and Cosmetic Act apply to depressant, stimulant, and hallucingenic drugs other than the narcotics and to other drugs which are determined to have a potential for abuse because of their depressant, stimulant, or hallucinogenic effect. Barbiturates, amphetamine, LSD, and comparable drugs are included in this category, and other drugs may be added as the need arises. The amendments place strict controls upon the illegal manufacture, distribution, possession, or prescription of these drugs and strengthen the enforcement powers of Food and Drug Administration inspectors.

Treatment of Addicts

Curing drug abuse is a difficult task. Two special hospitals are operated for this purpose by the United States Public Health Service at Lexington, Kentucky, and Fort Worth, Texas. The treatment is long and involved. Different types of medicine are administered to patients during the withdrawal period. Addicts are helped to develop physically and receive help in understanding themselves and in setting up new patterns of resolving emotional and personal problems.

The President's Advisory Commission supports the efforts of cities and states to develop their own treatment facilities and recommends that federal assistance be made available. The commission stresses the desirability of community involvement in the attack upon drug abuse and calls attention to various private agencies which offer assistance to addicts. The Boyle Heights Center Narcotic Prevention Project, Narcotics Anonymous, Synanon, and Teen Challenge are typical agencies of this type.

Boyle Heights Center Narcotic Prevention Project - Although California has led the nation in pioneering efforts to rehabilitate narcotic addicts, the use of narcotics has continued to increase in the Los Angeles area. Through the Economic and Youth Opportunities Agency of Greater Los Angeles and the Office of Economic Opportunity, a research project has been developed to test the effectiveness of a new approach to the prevention of addiction and the rehabilitation of addicts. Utilizing former addicts as a major source of information and support is one of the principle techniques that is being evaluated.

The project has four components:

1. A program of information services and rehabilitation at a center in Boyle Heights
2. An educational program for eighth-grade pupils in the Los Angeles Unified School District
3. Provision of sheltered care services for detoxification and residence
4. A research program conducted by university and college staffs

The Narcotic Symposium of California (Los Angeles Chapter) has been selected by EYOA to conduct the center in Boyle Heights. It will provide the following services:

1. A 24-hr, seven-day a week information service to Boyle Heights residents and support of addicts and drug users in rehabilitation efforts
2. Job development, training, and employment
3. Counseling services for families involved in some aspect of the narcotic problem

Many members of the field staff at the center are former addicts who have demonstrated both a desire and an ability to combat the narcotic problem. They are experts in the rehabilitation of addicts and in resolving problems relating to drug abuse.

Narcotics Anonymous - This self-help organization is modeled on Alcoholics Anonymous. It has chapters in six states, including California. Members discuss their problems and help addicts in obtaining treatment. The organization is listed in the telephone directory in the cities in which it operates, or may be contacted at 546 Sixth Avenue, New York, New York.

Synanon - First established in California, Synanon is an organization for former addicts developed on a family-type structure. Therapy is provided through group sessions. The purpose of Synanon is the attainment of "drug-free" days, and its record has been impressive.

Teen Challenge - This group has houses in California as well as elsewhere in the country and was established through the leadership of Reverend David Wilkerson, who worked with teenage addicts in New York. Teen Challenge, which has a religious basis, has been particularly successful in developing within youthful addicts a constructive view of their individual problems. Houses have been established by the group for the rehabilitation of youthful addicts in areas where the incidence of narcotic use is high.

The President's Advisory Commission has cited the need for scientific evaluation of the work of these and other private groups. Some of them appear to be achieving effective results, and their activities should be encouraged.

GENERAL QUESTIONS

Copy the scrambled words below on a separage sheet of paper. Unscramble the words, if you can, and write the correct word next to each item.

1. eimrc
2. yonem
3. robemslip
4. ppe liplis
5. 2S5LD
6. eaedstvi
7. rgdu besau
8. mltsiuaet
9. ersatdpesn
10. iatdlwwrha
11. opiehrmn
12. erhion
13. munarjiaa
14. dcoeine
15. ddaciionti

Bonus: Can you unscramble the following sentence?

Ouy Rea Telligentin Fi Ouy Cd Ton Simsue Rdugs.

Something to Think About

On a separate sheet of paper, write a paragraph or two about each of the following questions:

1. How have useful drugs helped to keep me in good health?
2. Why do you believe people abuse or misuse drugs?
3. What is your idea of a drug addict?
4. What are some consequences of drug abuse?
5. What is society doing to assist the addict who wants to stop taking drugs?

Write the following words on a separate sheet of paper, and define them as briefly as possible:

1. addiction
2. analgesic
3. constriction
4. convulsion
5. dependence
6. depressant
7. dilation
8. euphoria
9. heroin
10. illusions
11. laboratory
12. mineral
13. perception
14. physiology
15. potent
16. psychology
17. rational
18. sociology
19. tolerance
20. unpredictable.

GLOSSARY

This is a glossary of some of the words used in this publication.

Addiction - A strong dependency toward some practice. If one is addicted to a drug, there is an irresistible urge to take the drug again. The addict suffers distress and withdrawal if he is unable to obtain the drug.

Aggressiveness - Taking the first step in an attack or quarrel, quarrelsome.

Ampule (ampul, ampoule) - A sealed container, usually made of glass, containing certain drugs. The drugs may be in liquid form, or a powder to be mixed with a liquid, to be injected into the body.

Analgesic - A drug used to relieve pain.

Chemical - Of or pertaining to chemistry, or its forces or processes. Chemistry is the science that treats the composition of substances and of the changes that they may undergo.

Codeine - Obtained from opium, or made from morphine. It is produced as a crystalline powder. Used for pain and coughs. Addicting, if improperly used.

Constriction - Draw together. For example, the pupil of the eye becomes smaller when it is exposed to a bright light.

Convulsion - Violent, uncontrolled contractions of the muscles. A spasm.

Creativity - The ability to make or produce something new. The ability to produce.

Crystalline - A substance that is like a crystal. A person can see through a crystal because it is clear.

Dependence - A condition that develops when a person takes a drug on a periodic or continuous basis. May be either physical dependence or psychological dependence.

Depressant - Something that lowers nervous or body action. A sedative.

Dilation - The process of becoming bigger, or larger.

Distilled - A way to treat liquids in order to separate them from other substances, or to make them stronger.

Distortion - Twisting or changing the meaning from that which is considered normal or true.

Enzymes - Substances that chemically change other substances.

Euphoria - A feeling of well being. It is sometimes exaggerated or overdone.

Exhilaration - Feeling of great joy.

Fantasy - Free play of imagination. Image-making power.

Felony - A crime which is punishable by death, or by imprisonment in a state prison.

Glands - Organs in the body which produce substances which the body uses. (Examples: salivary glands, thyroid gland)

Hallucinations - Seeing or hearing things that do not exist. Can be caused by drugs called hallucinogens.

Heroin - (Diacetylmorphine) A byproduct of morphine. Melts in alcohol or water. It is a white crystalline, odorless powder. Impure heroin may be gray or tan in color. Heroin is very addicting and is illegal for anyone to possess or use.

Hormone - A chemical substance formed in one organ or part of the body and carried in the blood to another organ or part of the body.

Illusion - A view of something which is misleading or incorrect.

Inject - To force a fluid into the body (a body cavity, a blood vessel, into or under the skin) to relieve pain, or to prevent, or treat disease.

Insanity - State of being insane or "crazy". A mental disease.

Juvenile - A young or immature person, or youth.

Laboratory - A place where experimental studies are made.

Laxative - A substance used to loosen or relax, or especially to relieve from constipation.

Marijuana (Marihuana) - A drug made from the dried leaves of a hemp plant.

Mineral - Any substance which is neither vegetable nor animal, as in the traditional general classification of things into three groups: animal, vegetable, and mineral.

Misdemeanor - A crime other than a felony that is punishable by fine or imprisonment in the county jail or both, for less than one year.

Morphine - A by-product of opium. Colorless, bitter crystals. Used to deaden pain. Very addicting, if improperly used.

Parole - A conditional release of a prisoner who has not served a full sentence of confinement.

Perception - Being aware of something.

Physiology - The study of the functions or activity of the organs and body of a person during life. Anatomy is the study of the shape and size of the organs and body of a person.

Potent - Having or wielding authority or control. A potent drug is one that can have a powerful effect.

Probation - A period of trial or testing of conduct to observe whether a person can meet certain standards of behavior.

Psychology - The study of the mind. Psychologists explain why people act, think, and feel as they do.

Rational - A rational person is one having reason or understanding.

Respiration - The act of breathing.

Sociology - The study of the nature, origin, and development of human society. A sociologist deals with the facts of crime, poverty, marriage, divorce, education, etc.

Solution - A liquid that contains a dissolved substance.

Stimulant - A substance that "peps up" activity.

Suspension - Withholding for a time under certain conditions, such as suspending the sentence on a convicted person.

Tolerance - Power to resist. When a person takes drugs repeatedly, the body often requires larger and larger doses to produce similar effects.

Unpredictable - Not predictable. When a person is unpredictable, it is not possible to tell in advance how he will act.

Unreliable - Not capable of being relied upon or trusted to act in a certain way.

Vaccines - Substances obtained from disease-causing germs which are used to prevent disease. Example: small pox vaccine.

LOS ANGELES CITY SCHOOL DISTRICTS
Division of Instructional Planning and Services

May, 1968

CLASSROOM TRIAL APPROVAL

PROJECT: NARCOTICS PREVENTION PROJECT

TITLE OF PUBLICATION: SUGGESTED CLASSROOM ACTIVITIES FOR THE STUDY OF NARCOTICS AND DANGEROUS DRUGS

The material is accepted and approved for classroom trial.

Operating Consultant

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FOR CLASSROOM TRIAL ONLY

PUBLICATION NO. 2

SUGGESTED CLASSROOM ACTIVITIES FOR THE STUDY OF NARCOTICS AND DANGEROUS DRUGS

An Instructional Bulletin For Junior High Schools

A Cooperative Narcotics Prevention Program
Funded by the Office of Economic Opportunity
Under a Grant to the Economic and Youth Opportunities
Agency of Greater Los Angeles
PL 88-452, Title II

Los Angeles City Schools
Division of Instructional Planning and Services
1968

FOREWORD

Suggested classroom activities for the study of narcotics and dangerous drugs are described in this instructional bulletin. These activities may be used to supplement those outlined in Unit V of Health Science, An Instructional Guide, Junior High School (Los Angeles City Schools, Division of Instructional Planning and Services, Publication No. X-74, 1967.)

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CLASS PROJECT 12

SUGGESTED ACTIVITIES

General Activities:

Point out to class members current newspaper and magazine articles relating to the use of narcotics and dangerous drugs. Also consider movies and radio and television programs concerned with this topic. Discussion may be controversial and will require careful planning and treatment.

Prepare a scrapbook of news stories and pictures about marijuana and dangerous drugs. Ask pupils to bring to class the news stories, and select a committee to work as a team in assembling the scrapbook.

With pupil assistance, prepare a chart listing desirable personality traits. Discuss what effect marijuana and drugs might have on each of these traits.

Plan an "Art in Health Science Show." Pupils can prepare charts, drawings, or cartoons showing reasons why people use marijuana and drugs.

Ask pupils to write a brief description comparing the physical characteristics of a marijuana cigarette and an ordinary cigarette.

Draw a marijuana plant, and compare its characteristics with those of another plant, or plants, in the community. Note the difference in leaf structure.

Establish a question box. Instruct each pupil to place two questions in the box. Select a pupil to remove the questions and to present them to a panel for discussion.

Ask pupils to write a composition about the importance of habit patterns and the desirability of forming good habits in young people.

Work with the class or with a committee to draw a map of the community, pinpointing wholesome recreational areas.

Instruct pupils to prepare a diagram showing the circulatory system and illustrating how substances are carried to all parts of the body.

Assign a library research project for the preparation of special reports. Suggested topics include:

1. The Marijuana Act of 1937
2. History of Marijuana
3. Commercial uses of the Hemp Plant
4. The Dangers of Using Marijuana
5. How Marijuana is Grown and Marketed

The Teacher may wish to add to this list, or select topics relating to opiates, depressants, stimulants, and hallucinogens.

Ask a pupil to arrange a taped interview with a physician regarding drugs and drug abuse.

Prepare a list of sports and of social events, such as dances. Ask pupils to discuss how the use of marijuana or of any of the illegal drugs may affect a person's ability to participate.

Ask pupils to list some of the drugs used in their homes that may be purchased without a prescription. Request that they also list some of the dangers associated with the use of each of the drugs.

Place the following questions on the chalkboard and ask class members to answer them briefly:

1. What are the effects of marijuana?

2. In what ways is it habit-forming?

3. Does the use of marijuana lead to the use of heroin? Give reasons to support your answer.

4. What is the difference between physiological and psychological behavior?

Divide the class into approximately five groups. Provide each group with a prepared question, and allow the groups ten minutes in which to prepare class presentations in response to the respective questions.

The following are examples of the types of questions that may be utilized in this activity:

1. How can we help students in our age group to avoid the use of drugs?

2. What should we do if we learn that a friend is using drugs illegally?

3. What is the responsibility of the community with regard to drug abuse?

4. What do you think about some of the statements that encourage the legalization of marijuana?

5. What do you think can be done to prevent the illegal use of drugs?

Reaction Tests: The tests below illustrate how the nervous system operates and how responses are transmitted from the eye to the brain and then to the hand or foot.

Instruct a pupil to stand with his feet together. Ask another pupil to hold a pencil about 30 inches above a mark on the floor which the first pupil can reach with his foot. Without warning, the second pupil drops the pencil, eraser end first. If the first pupil can move his foot under the pencil before it strikes the floor, his reaction time is about two-fifths of a second.

Use a piece of paper about one inch by four inches. Hold the paper just above the hand of a pupil who has his thumb and index finger in position ready to grasp the paper when it is dropped. As the paper is dropped without warning, the pupil attempts to grasp the paper before it falls past the thumb and index finger.

Place a coin in the palm of the hand of another person. The hand is kept outstretched, with the fingers outstretched and palm up. Ask a pupil to place his hand palm up, about six inches above the hand with the coin in it. Without warning, the pupil without the coin will turn his hand over and attempt to extract the coin from the hand below. The person with the coin tries to close his fingers over the coin to prevent it from being taken. The purpose is to strike the hand below so the coin will bounce up into the other pupil's hand.

A Method of Teaching Vocabulary: Use large cards on which are printed new and difficult words from each of the sections studied. Each day, display two or three of the cards in front of the room, where they can be observed during the class period. Move the cards to other parts of the room as cards with new words are displayed. Sometime during the period, discuss the words. Frequent observation and discussion of the words help pupils to learn the correct meanings and spelling.

The Use of Advertisements as a Teaching Experience: Ask the pupils to bring to class samples of drug advertisements. Discuss some of the efforts to promote the sale of drugs. In addition, discuss the meanings of various slogans that are used in advertising drugs, and illustrate how some of the slogans are misleading.

"Magic Word" Game No. 1:

Pupils are to write a word in each blank space which is opposite a numbered sentence below. If the answers are correct, the "magic word" will be spelled out in the vertical column.

1. What kind of an odor does opium produce? HEAVY
2. Name one way in which opium may be taken. EATEN
3. In what form is morphine usually sold? POWDER
4. What kind of drug is made from opium? MORPHINE
5. Possession of marijuana is ________. ILLEGAL
6. Into what area of the body might a drug be injected? VEIN

"Magic Word" Game No. 2:

Pupils are to find another "magic word" by writing answers to the questions below in the appropriate spaces.

1. What is the color of morphine crystals? WHITE
2. A drug obtained from morphine is called ____________________. HEROIN
3. When the body craves more and more of a drug, it has built up a ____________ for it. TOLERANCE
4. Codeine is often used to relieve pain and to treat a ______________. COUGH
5. When a person develops a strong habit, he has become _______________. ADDICTED
6. Morphine ______________ pain. RELIEVES
7. Heroin resembles powdered ____________. SUGAR
8. To stop using drugs, a person needs to have strong will _______________. POWER

Word Puzzle No. 1:

Ask pupils to use the 17 words listed below in solving the puzzle. Draw a line through each word as it is placed in the squares. The words may run horizontally, vertically, or diagonally.

D	R	G	L	U	E	S	N	I	F	F	E	R	A	H
P	E	P	P	I	L	L	S	B	C	S	D	E	E	B
F	D	P	G	H	I	S	K	R	U	C	H	R	N	A
O	B	D	R	U	G	S	D	B	Q	R	O	E	S	R
T	I	U	V	E	L	O	A	W	Y	I	Y	D	Z	B
A	R	B	C	S	S	D	P	E	N	F	G	D	T	I
H	D	I	W	J	D	S	K	I	L	M	N	E	R	T
U	M	A	R	I	J	U	A	N	A	P	Q	U	I	U
R	N	A	R	C	O	T	I	C	S	T	P	P	P	R
S	S	T	I	M	U	L	A	N	T	S	E	L	T	A
H	A	L	L	U	C	I	N	O	G	E	N	S	B	T
A	M	P	H	E	T	A	M	I	N	E	S	A	C	E
D	P	Y	E	L	L	O	W	J	A	C	K	E	T	S

1. hallucinogen

2. glue sniffer

3. pep pills

4. barbiturates

5. heroin

6. red bird

7. marijuana

8. drugs

9. depress

10. amphetamines

11. yellow jackets

12. stimulants

13. abuse

14. opiate

15. L.S.D.

16. narcotics

17. trip

Word Puzzle No. 2:

Point out to the class that the names of the following 17 drugs as well as drug symptoms are included among the letters that appear in the chart on the following page. Explain that drug names sometimes can be identified by reading across the puzzle, either vertically or horizontally.

1. Peyote
2. Morphine
3. Cocaine
4. Mescaline
5. Withdraw
6. Tolerance
7. Benzedrine
8. L.S.D.
9. Marijuana
10. Codeine
11. Amobarbital
12. Acid
13. Dependence
14. Opium
15. Heroin
16. Barbiturate
17. Dexedrine

X	P	E	Y	O	T	E	H	Y	Z	A	B	C	B	D	E	F
F	G	H	I	P	J	K	E	L	M	N	O	P	A	C	I	D
Q	R	S	T	I	U	V	R	W	X	Y	Z	A	R	B	C	D
E	F	G	H	U	I	J	O	K	L	M	N	O	B	Q	R	S
T	U	V	W	M	Z	R	I	J	I	A	M	A	O	X	Y	E
C	M	Z	A	T	B	C	N	C	D	E	F	G	T	H	N	I
O	O	J	K	L	O	M	I	N	O	P	Q	R	U	I	S	T
D	R	C	V	C	W	L	X	D	E	X	I	D	R	I	N	E
E	P	Y	A	Z	A	B	E	C	D	E	Z	D	A	K	L	M
I	H	A	B	I	C	D	E	R	F	G	E	H	T	I	J	W
N	I	N	O	P	N	Q	R	S	A	Z	T	I	E	V	W	A
E	N	A	B	C	D	E	F	G	N	N	H	I	J	K	L	R
M	E	S	C	A	L	I	N	E	M	N	C	O	P	Q	R	D
S	T	I	V	W	X	Y	B	Z	A	B	C	E	D	E	F	H
G	H	I	J	L	A	T	I	B	R	A	B	O	M	A	K	T
L	M	N	O	P	S	R	S	T	I	V	W	X	Y	Z	A	I
B	D	E	P	E	N	D	E	N	C	E	C	D	E	F	G	W

The words may be across the paper either forward or backward. The words may also be found running up or down in a straight line or diagonally.

Word Puzzle No. 3

Match the numbers below found within the rectangular blocks with the same numbered blocks on page 10, by supplying the missing word. These words will be across the page.

1. A hospital for rehabilitation of drug addicts is located in Fort Worth, (TEXAS).

2. One of the opiates that is used medically to kill pain is (MORPHINE).

3. A drug obtained from the coca leaf is known as (COCAINE).

4. All opiates are obtained from a plant called (POPPY).

5. A common name for barbiturates is (DEPRESSANTS).

6. L.S.D. is made from the (FUNGUS) of the rye plant.

7. The body system most effected by drugs is the (NERVOUS).

8. Cannibus sativa is the source of (MARIJUANA).

9. An addicting drug produces (ILLNESS).

10. Behavior patterns which a person learns or acquires are called (HABITS).

11. Most of the marijuana smuggled into the United States comes from (MEXICO).

12. Marijuana comes from a plant commonly known as Indian (HEMP).

13. The resistance of the body to a drug is known as (TOLERANCE).

14. A disease of the liver transmitted by use of needles which are not sanitary is called (HEPATITIS) .

15. Drugs which stimulate the nervous system are known as (AMPHETAMINES) .

Match the numbers below found within the circles with the same numbered circles on page 10, by supplying the missing word. These words will be down the page.

① Drugs which can be purchased without a prescription are called (OVER) the counter.

② The body system which carries a drug through the body is called (CIRCULATORY) .

③ When a person craves a drug continually, he is said to be (ADDICTED) .

④ Selling, using, or possessing an illegal drug is a (CRIME) .

⑤ Heroin is never used for (MEDICAL) purposes.

⑥ A common measure used in packaging illegal marijuana is (KILO) .

⑦ Any substance which is not a food but effects body function is called a (DRUG) .

⑧ Drugs which excite the nervous system are known as (STIMULANTS) .

⑨ An extremely unpredictable hallucinogen is named (L.S.D.) .

⑩ The strongest opiate which has no medical purpose nor use is named (HEROIN) .

⑪ A name for a specific pep pill is (DEXEDRINE) .

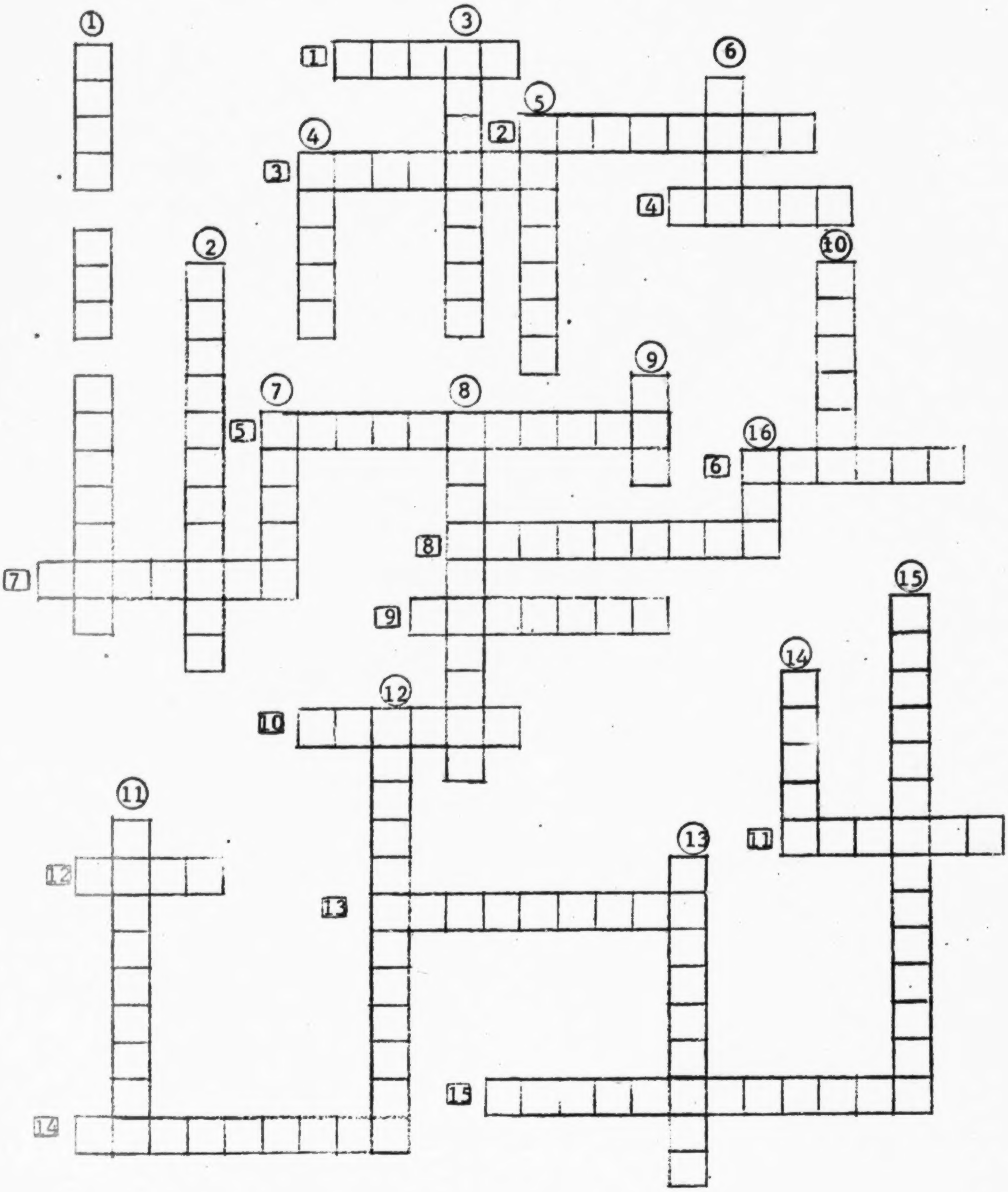
⑫ Drugs which have a depressing effect on the body, such as sleeping pills, are known as (BARBITURATES) .

⑬ A hospital for rehabilitation of addicts is located in (LEXINGTON), Kentucky.

⑭ A commonly smoked opiate in the Far East is (OPIUM) .

⑮ One of the effects of using a hallucinogen is (HALLUCINATIONS).

⑯ The Food and Drug Administration is abbreviated as (F.D.A.) .


①
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14

"Magic Square" Game:

Ask pupils to select from the words in the left-hand column the words which best answer or complete the statements in the right-hand column. They should place the number of each word in the proper space in the "magic square." The total of the numbers will be the same in each row across and in each column down. The four corners, the four center squares, and the diagonals also will total this same amount.

Answers:

1, tolerance
2. illicit
3. exhilaration
4. marijuana
5. cocaine
6. addicts
7. opium
8. caffeine
9. alcohol
10. hashish
11. potent
12. nicotine
13. intoxication
14. euphoria
15. Marijuana Act of 1937
16. serrated
17. cannibus sativa
18. narcotics
19. distortion
20. glucose

Statements:

a. substance that deadens the nerves
b. obtained from poppy juice
c. substance other than tar contained in tobacco
d. a product of fermentation
e. dried leaves of the hemp plant
f. Indian hemp
g. Arabian name for marijuana
h. prohibits the importation, possession, production, and use of marijuana
i. producing powerful effects
j. state of well-being
k. obtained from coca shrub
l. saw-toothed shape
m. drunkenness
n. the stimulant in cola drinks
o. anything that is twisted or is out of shape
p. people who have the drug habit

A 18	B 7	C 12	D 9
E 4	F 17	G 10	H 15
I 11	J 14	K 5	L 16
M 13	N 8	O 19	P 6

The "Magic Number" is: 46

Class Project:

Provide the class with some empty prescription bottles, and allow the pupils to examine them and to analyze the information which appears on the labels. Each label probably will include the following items:

1. Patient's name
2. Date
3. Doctor's name (and address)
4. Directions for use
5. Prescription number
6. Name, address, and phone number of the pharmacy or drug store

Discuss these points and their importance to the patient, doctor, and the pharmacist.

In conjunction with this project, collect sample empty containers for drugs that are sold without prescriptions. Discuss the information which appears on the labels.

Discuss with pupils the importance of reading labels and directions for use of all medicines.

FOR CLASSROOM TRIAL ONLY

PUBLICATION NO. 3

THE STORY OF DRUG ABUSE
AS TOLD BY
FORMER ADDICTS.

FOR PUPILS IN JUNIOR AND SENIOR HIGH SCHOOLS

A COOPERATIVE NARCOTICS PREVENTION PROGRAM

Funded by Office of Economic Opportunity
Under Grant to Economic and Youth Opportunities
Agency of Greater Los Angeles
PL 88-452, Title II

LOS ANGELES CITY SCHOOLS
DIVISION OF INSTRUCTIONAL
PLANNING AND SERVICES
1968

LOS ANGELES CITY SCHOOL DISTRICTS

Division of Instructional Planning and Services

May, 1968

CLASSROOM TRIAL APPROVAL

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TITLE OF PUBLICATION: THE STORY OF DRUG ABUSE AS TOLD BY FORMER ADDICTS

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TO THE STUDENT

"Dropping pills" and "smoking marijuana" are topics of current concern to youth in today's world. Contradictory reports about the effects of various drugs upon the individual and society may be read each day in newspapers or heard on radio and television broadcasts.

To provide accurate information, this publication contains the stories of four young adults who began experimenting with drugs as teenagers. These are personal accounts of how their lives were spent. The former addicts have granted permission for their stories to be used to help young people gain a better understanding of the risks involved in the use of dangerous drugs and to help them to make intelligent decisions with regard to this problem.

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CASE HISTORY # 1

Smoking marijuana was first suggested to me by a friend, the same age as me, while we sat in a park on a Sunday afternoon. I knew marijuana was illegal, but I was not afraid of it. I felt that if it were dangerous, I would recognize the danger in time. School and the park athletic program held no interest for me. I was 12 years old and bored. To me, smoking marijuana was something different--something that no other person I knew had ever done and the idea seemed exciting.

About a week later my friend brought two marijuana cigarettes, or "joints," to school. He had stolen them from his older brother who was a user, but who refused to give his younger brother any. By this time, I was looking forward to trying the drug--I had somehow built up in my mind a picture of myself, high on marijuana, really enjoying life for the first time. We smoked the joints behind the handball courts at school. I had no idea how to smoke the drug, but I imitated my friend and began to feel high.

I was expecting to feel as if I were drunk, and I had made up my mind to go home and climb into bed if I started acting crazy or walking funny as a drunk person does. Instead, colors began to seem much brighter to me, and I began to notice things that I had never paid any attention to before. Trees and grass and even the asphalt in the school yard became very interesting to me. I looked at all these things, and it seemed very strange that I had always taken them for granted before. Most of all, everything seemed humorous. Anything that was even slightly funny seemed hilarious to me--and the fact that I was sitting in a school room, high on marijuana, and no one else knew, seemed funniest of all.

Afterwards, I decided that I liked marijuana, and that there was nothing wrong with using it--for hadn't I smoked a joint with no harmful effects? I never happened to think that I had decided it was all right to commit a serious crime by doing something that I felt was no big thing. It was as if I had decided to risk going to prison for stealing a candy bar. I had made a bad decision--one that was to affect me the rest of my life.

Because I was so young, no one would sell me any marijuana, but I managed to get a few joints from my friend, and finally got some marijuana seeds and planted a little "garden" in a vacant lot. Within six months, several friends and I were smoking marijuana regularly. Then a change began to take place--a change which I never recognized until years later.

I began meeting more and more people who smoked marijuana, and because they could tell by my actions that I wasn't a "square," they accepted me as a friend. At the same time, I began avoiding all my old friends who didn't use. I did this for two reasons. First, marijuana was illegal, so I had to hide my using from my old friends.. I couldn't try to "turn them on," unless they were my very best friends, because most of them would be sure to tell their parents. Second, as I began to associate more and more with other users, I began to develop attitudes similar to theirs. We knew marijuana use wasn't the smartest thing in the world, so we told ourselves that we were somehow "better" than non-users, and soon I convinced myself that my old friends were childish. What it boiled down to was that all of my interests and activities revolved around obtaining and using marijuana; theirs revolved around living and preparing for decent lives.

By the time I had a year of marijuana use behind me, I had come into contact with all types of drugs. I had tried pills on several occasions, but didn't like them much, and I had seen people using heroin. What had happened was that I found myself deep in a world of drug users, a world in which all types of drugs flow freely.

I told myself that I could quit using drugs anytime I wanted to, but I was lying to myself. True, marijuana isn't physically addicting, and I would have suffered few pains were I to leave it alone--but leaving it alone would mean leaving all my friends, forgetting all the interests I had developed while using, and trying to cope with a world I had left behind at the age of 12. So I told myself that I just didn't want to leave marijuana alone--that I used only because I liked it, thus leaving myself open for arrest or deeper involvement with other drugs. I had trapped myself without knowing it.

Marijuana users tend to be snobbish. They look down their noses at heroin users and addicts. "Only stupid people use heroin," they would say. I was no exception. I figured only a real fool would get hooked on heroin. Nevertheless, my friends and I saw heroin all the time. We met heroin users who seemed to be normal people, and after seeing people "fix" a few times, we weren't so afraid of needles. Finally, several of my friends began fixing occasionally. I was a little curious, too, but didn't feel any real desire to try heroin. I did notice, however, that heroin didn't seem as bad as I had heard it was. My friends acted as they always had; they didn't become hooked overnight, as happens in phony stories of drug use. I began thinking that maybe an intelligence person could use heroin occassionally without allowing himself to become hooked.

I still didn't use heroin for awhile--I couldn't. Midway into my 13th year, the police stopped me and found an ounce of marijuana in my pocket. I was sent to juvenile hall, and finally to a county detention home, in which I had to stay for 14 months. I soon found that I didn't fit in--and I knew that if I were going to live there for more than a year, I would have to learn to fit in. In the outside world, the person who keeps his nose clean is the most respected; in jail the person most respected is the person who committed the biggest crime, the person with the longest criminal record. Among the drug users, my smoking marijuana was child's play; all they would talk about was their experiences with heroin, for it is a far more serious drug. Of course, I had been around heroin enough to "know what's happening," so to fit in I began to talk about heroin experiences, too. By the time I was released, I really wanted to find out what heroin was like.

But in the outside world, I had trouble. I was only 14, so few people would sell heroin to me. Some of my friends looked older than I, and when I got out of jail, I found that many of them were using heroin. So for about a month, I fixed when I could get it. I didn't like my first fix--it only made me sick, but my friends seemed to enjoy it, so I continued fixing until my body could tolerate it. In addition, my attitude toward heroin changed considerably. I had been told by people who had never used drugs that people become hooked because heroin is so pleasurable that it cannot be resisted. Heroin wasn't all that pleasurable to me; it relaxed me and made me feel sleepy, but I still liked marijuana better.

Then one day, I couldn't get any marijuana. The police had raided my neighborhood and arrested all the sellers, or "connections." For a day or two, there was no marijuana or heroin, but within a few days, there was nothing but heroin.

There is a simple reason for this. A heroin addict has an intense physical need for the drug. He will pay any price for it. So when it is very risky to sell heroin, the connection can simply increase the price or decrease the quality of his merchandise, and thereby be willing to take the added risk for higher profits. A marijuana user has no physical need; if a marijuana connection raises his price, no one will buy from him, so the marijuana connections in my neighborhood waited until the neighborhood "cooled down."

Soon, I was using heroin quite regularly. Of course, I could have gone to another neighborhood and found some marijuana, but it was much easier simply to stay at home and shoot heroin. I was careful not to fix too often to avoid getting hooked, but in short order all of my friends were also using heroin--some of them quite heavily. It seemed that all my old marijuana-using friends were now using heroin. I used heroin at first because there was no marijuana around, but when connections started selling marijuana again, I stayed with heroin, only because the people I knew now looked down upon marijuana using as a childish activity.

After a few months, I began to fear becoming hooked. But again, leaving heroin alone would mean leaving everything I knew. Besides, I had a police record now, and I was a known drug user. I felt that I wouldn't have a chance if I were to try to straighten up. I still felt reasonably safe, however, for I knew many people who had used heroin for months on and off without becoming hooked.

I didn't know that getting hooked depended upon how much you use, how often you use, and how resistant your own body is. I figured that I had to stop only when a friend who had been using longer than I began to show signs of addiction.

Then I discovered, quite by accident, that I was already hooked, had been for a couple of weeks, and didn't even know it.

It was right before Christmas vacation. I had decided not to fix for two weeks, just to make sure that I didn't become hooked. On the first day, I came down with what I thought was a bad cold. I couldn't sleep at all that night, and in the morning my back ached, I was having hot and cold flashes, and felt as if I had 10 cases of the flu all at once. And I really thought I had the flu--for I had no idea what "kicking a heroin habit felt like.

Finally, I decided to fix, just to "cure" the flu. And as soon as I did, I knew that I was hooked--and I knew what heroin really was. I had the impression that it was a fairly harmless drug, for it didn't feel nearly as good as the stories you hear make it out to be. I found it hard to believe that anyone could really become a slave to the drug. I even knew that in most cases an addict could kick a habit within a week or two and thereafter have no physical need. It seemed that you would learn your lesson, and never again get hooked. But now I realized that a person can have an intense psychological craving for the drug once he feels it brings him from the misery of kicking to a state of normalcy. Some drugs bring you up from normalcy to a condition we call "high"; heroin--when you get hooked--brings you only from misery to mere normalcy. But it is easy to resist taking a drug when you feel normal--but try to resist it when you are miserably sick and you know that a single fix will "cure" you...at least for a little while.

Over the next few months, I began using more and more heroin to "cure" the sickness, and it became more and more expensive. By this time I had dropped out of school and began stealing to support my habit. There was no other way. I was well enough known so that I rarely had trouble buying heroin, but getting the money was another story. I began stealing and selling merchandise; breaking into pay phones, cigarette machines, and soft-drink machines; and from other addicts I learned a great many other "hustles," or methods of supporting my habit.

Within a few years, I was a thief, burglar, confidence man, narcotics seller, and pimp, all to make money for heroin. These are the types of crimes committed by addicts; other types, such as sex and violent crimes, are rarely committed by addicts both because there is little money in such crimes, and because heroin is a depressant, reducing the sex urge and killing aggressiveness. Occasionally, however, an addict will commit a robbery to obtain money.

I also went to jail and prison many times, each time completely kicking my habit. Why did I return to heroin? First, I was a known addict. I felt sure that no one other than addicts would accept me. Each time I got out of jail or prison, I had two ways to go--either into a world I knew nothing about, a world of "squares" who wouldn't accept me, or into a world of friends, in which I would find immediate acceptance, and a world comfortable even in its misery simply because it was so familiar to me. Second, I had learned to lie to myself very well. Each time I got out, I would tell myself that I would only fix once in a while, and avoid getting hooked again. But of course if I could think up an excuse to fix once, I could do it again. I never lasted more than three weeks before I was hooked again.

This lasted for more than 10 years. The end came--at least for the time being--after a series of incidents which almost killed me. I was released from the California Rehabilitation Center, a state-operated prison for drug addicts, and immediately began using again. While in prison, I had made some contacts which allowed me an almost unlimited supply of heroin. I, along with a girl with whom I was living, got hooked worse than we had ever been hooked before. This went on for about six months--then our connection was arrested. From our cheap and plentiful supply, we suddently found ourselves with habits which cost roughly $300 a day, for each of us, to support on the regular heroin market.

We wound up, about a month later, in jail for first-degree armed robbery. The girl with whom I was living attempted suicide twice and was taken to the prison ward of Los Angeles General Hospital. I held out for two days; then I went into convulsions, began vomiting blood in large quantities, and wound up in the prison ward myself, in a delirium which lasted almost three weeks.

We had no ordinary habits to kick. When I came out of it, I was barely alive. And I had another threat hanging over me. I had had hepatitis, a liver disease addicts get from dirty needles, twice before. The first time, doctors told me I might not live if I came down with it again. The second time, they told me, I would die without a doubt if my resistance was ever lowered again. Now I found myself near death, and I knew the chances of my coming down with hepatitis again were almost 100 percent. I stayed in the hospital ward for another month waiting to die.

That I did not die is a miracle, but I decided that I could not and would not use if I lived. I went back to prison for four years, and in that time worked toward an education and learned a trade--things I should have done years before.

When I got out of prison, I did not have a drug problem--I had a living problem. For I had lived as a drug addict for more than 10 years, and I didn't know any other way to live. I had to learn to live a normal life the way other people have to learn a trade. And all the while I knew that the moment I could not handle my living problem, I would go right back to heroin. Once, about a month after my release, I almost succeeded in convincing myself that I could fix--just one time. Fortunately, I had been associating with some other ex-addicts, and they were quick to point out that every time I had ever gotten hooked, it was because I had convinced myself that I could fix just one time.

Today, my old thinking patterns--the patterns that told me it was all right to smoke marijuana; that it was all right to use a little heroin; and wound up almost killing me--still creep up on me occasionally. For as an individual ex-addict, I could go back to heroin at any time; but together with other ex-addicts, I have a tremendous amount of strength.

I hope I keep this strength.

CASE HISTORY # 2

At age 17, I felt uncomfortable with friends, hostile toward my parents, and I was confused. I didn't know if my feelings were the result of my own failings or the fault of others. When a friend offered me some benzidrine, or "bennies," I saw in them a chance to hide my feelings. No one had to pressure me into taking them. I jumped at the chance, hoping to feel good instead of bad.

I thought that bennies did make me feel good. Under their influence, I could communicate with friends, and was no longer hostile toward my parents or bored with school. I didn't realize then that my "instant happiness" was not real, but only the result of a drug. Also, I did not realize that this drug was taking a heavy toll on my body - I couldn't eat much and had trouble sleeping. I did feel happier, but I was quickly becoming a physical and nervous wreck.

While using bennies, I met many other "pillheads." Through them I could obtain "reds," "yellows," and "blue heavens," all barbiturates, in addition to bennies. I soon found that taking a few reds would allow me to sleep even when I had been taking bennies. Often, however, the reds would make me feel drugged, barely able to move. At these times, I would have to take even more bennies to wake me up. Unfortunately, I would then be so nervous that I would have to take even more reds to calm myself down.

In this way, I began taking more and more pills of all kinds. I didn't even know what some of the pills were. All I wanted was to change the way I felt, for now I always felt terrible. I had become very much dependent on pills and all my friends were pillheads. I couldn't stop.

Somehow, I managed to complete school, but I found it impossible to maintain a job for any length of time. I would get fired or have to quit again and again because I could not perform adequately while using pills. I became more and more involved in the drug world and began using marijuana and even more pills.

I finally gave up working altogether. I found that I could not support myself and my pill habit on a legal job. I began stealing, snatching purses, and living off other people. Shortly, not only were all of my friends involved in the drug world, they were also deeply involved in delinquent activities. Of course by associating with them, I was taking a greater chance of getting arrested and using more and more drugs.

I wound up spending four months in a state hospital, almost totally insane from all the pills I had taken. But when I was released, my only friends were still pillheads and weedheads (marijuana users). Within a short time, I was using pills again, as heavily as ever.

After seven years of drug use, I found myself using more than a hundred pills a day. Drug use had ceased to be source of enjoyment long ago. It had become a necessity, and I was physically, mentally and emotionally deteriorated. I had been to jail for stealing and I had to do something about it.

Fortunately, I went to a group of ex-addicts for help. All of them had been through what I had. They understood me and were able to give me emotional support while I tried to straighten out my life. For months, I could hardly talk and my hands shook constantly. Gradually, I began to rebuild my life.

I have been drug-free for almost two years now. My life has become much better, but even now it is sometimes a struggle to resist the temptation to return to pills. I hope I never do.

CASE HISTORY # 3

I was 13 when I was first offered marijuana. Many of my friends in junior high school and most of my friends in the neighborhood were experimenting with marijuana. At first, I refused to use it, for I had heard and read that marijuana was a very dangerous drug. After awhile, however, I began to doubt what I had previously thought. My friends, instead of acting crazy, just seemed to laugh and have more fun than they had ever had before. So, I began to get curious.

There were several reasons for my finally deciding to try marijuana. First, I had spent eight years in a military school. I had been an officer and had received a great amount of respect and recognition. Looking back, I think I became very dependent on this. It was a different story now. I was in public school. I was just another student. I felt I was a "nobody." In addition, my parents split up about this time; and in fact, I felt they were responsible for my leaving military school. I felt so hostile over their divorce that I had gotten into a fight with a teacher and was expelled from military school because of it.

Thus, my trying marijuana was actually a way in which to "get back" at my parents, as well as a method of gaining the respect of my friends.

Oddly enough, I didn't like marijuana the first time. It only made me dizzy. I had been drinking beer for some time, and marijuana didn't seem any worse, so I continued to smoke it and finally acquired a taste for it.

My life began to change in a number of dangerous ways, but to me, everything was getting better. My friends began to respect me more and more--only because I was acting worse and worse. I had not only started associating with only drug users, but, also, with only the worst-acting drug users.

What's more, I felt that the worse I acted, the better the chances would be of my parents' getting back together. I was trying to pressure them into acting the way I wanted them to act; however, I didn't know what I was doing to myself.

My behavior got worse and worse while I thought my life was getting better and better. I got in a couple of fights at school and came out winner. This won me even more respect. By that time I was stealing cars and committing other crimes just to keep up my reputation. When I was introduced to other drugs, I was almost forced to use them just to save face.

From then on it was a down-hill road. I was so deeply involved in the drug life that it seemed as if life had passed me by--it seemed that there was no chance for me to catch up. So, when I began to notice that my friends were using heroin, I started to use it too. I felt that I was trapped. Marijuana smokers were just kids now, according to my friends, so I had to go on to heroin.

Then things started happening to me that happen to all heroin addicts. I started going to jail. In 1961, I was convicted for selling and furnishing marijuana to a minor and was sent to the California Youth Authority. After six months, I was paroled to Hawaii. I stayed there for three months and was arrested for possessing opium. Finally charges were dropped, and I was sent back to California, but I had violated my parole. I was then sent to prison where I spent four years.

It was during this time that I began to realize just how mixed up I was. While in prison I joined Narcotic Symposium, a group composed of men who want to live drug-free lives. After I got out of prison, I began living a way of life which to this date has allowed me to live without drugs. I hope to continue living this new life.

CASE HISTORY # 4

One of the most frightening things about drug addiction is that it can happen to almost anyone. While in the eighth grade, I was an honor student, feature editor of the school paper, and had a B+ grade average. From all appearances, I was the last student in school whom anyone would suspect of becoming a drug addict.

It was at that time, however, that I smoked my first marijuana cigarette. Why? The thinking and behavior which led me to try marijuana started several months before with the death of my father. I was very close to him, and his death affected me deeply. Then my mother had to place me in a foster home so that she could work and support us. Suddenly I had no parents. I missed greatly the attention they used to give me, and not only was I terribly unhappy, I began feeling more and more inadequate. I told myself that I could regain helpful attention, or recognition, by doing an even better job as feature editor of the student paper, but my feelings of inadequacy were such that I felt I could no longer handle the job. My grades began to fall, and one by one I lost interest in my many activities. I then knew only one place where I could get the attention I needed without having to prove my worth: Among the "in-crowd," the "swingers." I only had to smoke a marijuana cigarette to become one of them--and to get all the attention I wanted.

Of course I didn't know all of this when I smoked my first "joint." All I knew was that, if I smoked a "joint," I would immediately become part of what was to me an exciting illegal world. What's more, I really liked marijuana the first time. Previously I had heard that marijuana was a very dangerous drug; that people often become violent or insane when under its influence. After I smoked a "joint," however, I felt that everything I had previously heard was false. I felt that people had been lying to me--and that the only people who knew the truth were the "potheads." I thought they were truthful and much farther away from the average citizen, whom I thought was a liar. Actually, the "potheads" were being truthful, for the most part. The trouble was that they were young and inexperienced--they had not smoked enough marijuana or viewed it objectively enough to know the truth. Many of them were trying sincerely to be truthful, but simply didn't have the right information. Those young "potheads" were like teachers with third-grade educations--sincere, but uninformed. Much the same can be said for the average citizen. All he knows about marijuana comes from what he hears--and there simply has not been enough research on marijuana. No one really knows what marijuana does, so the average citizen is often as sincerely misinformed as the "pothead."

As for me, I began to notice that more and more of my friends were "potheads," and that I was associating less and less with my other non-using friends. This was perfectly natural. I felt uncomfortable around my non-using friends because I had to hide my marijuana use from them; I felt very comfortable with my "pothead" friends, however, because I had nothing to hide from them.

It was after I had completely turned my back on my old friends and started associating only with other "potheads" that I first met the biggest danger of marijuana--heroin. Many people say that marijuana leads to heroin, but this isn't quite true. Exposure to heroin leads to heroin use in some cases; and, because marijuana is illegal, "potheads" are often exposed to heroin when buying marijuana or just associating with other drug users.

My own first exposure came at a New Year's party, five months after I had smoked my first "joint." We ran out of marijuana and alcohol, and at two in the morning we could not buy more. We had all been smoking marijuana regularly for at least several months, so getting "high" seemed very natural to us. Now, all we wanted to do was to get "high," but no drug was available--except heroin. A boy came up with an "outfit," or heroin injecting equipment, and some heroin. Some of my friends tried some, and I became very frightened. I didn't like the idea of sticking a needle in my arm. When my turn came, however, I "fixed" right along with my friends, for if I didn't there was a chance that I would no longer be accepted. Also, I had turned my back on all my non-using friends, so I would have no friends at all, if I were no longer accepted by the "potheads."

After my first fix, my school attendance dropped to zero. The allowance my mother gave me was used to buy heroin. This was the result of my trying marijuana. At age 15, I was well on my way to becoming a heroin addict.

I didn't become addicted immediately, and, as long as I only used heroin occasionally, it was fairly easy to obtain a supply. Nevertheless, heroin is illegal. Before I got hooked for the first time, I was arrested and sent to juvenile hall. From there, I was sent to El Retiro, a detention home for girls. Five months later, I escaped and went to San Diego, where I became addicted to heroin. I was to remain a heroin addict for 15 years.

Again and again, I was arrested for committing crimes to support my heroin habits. I have done time in so many jails up and down the California coast that I have lost count. Then, in 1959, I was sentenced to the California Institution for Women, a state prison. When I was released, I immediately became addicted again, although I had spent several years in prison without drugs. Using heroin had become the only way of life I knew. I felt sure that because of my background I would never again be accepted into normal society. Because of this type of thinking, I returned to prison three times, each time only to start using heroin again upon my rlease.

It was not until 1962 that I started taking a realistic view of my drug problem. I thought back about all of the kids who had started using heroin with me. Many of them were dead. Most of the rest were in prison for long periods of time. I began to see that I was slowly killing myself with heroin, and I searched desperately for a way out.

Fortunately, I became involved with a group of former addicts. All of them had been through what I had, and all of them had a common goal: To learn to live without heroin. Some of them had not used drugs for many years; others had not used drugs for only a week or two. Those who had lived for many years without drugs helped those who were just beginning, and soon those who were just beginning were able to offer help to other addicts themselves. By sharing my strength, hope, and experience with these men and women, many of us have managed to live without drugs as productive members of the community.

I have not taken a fix for several years now, and, hopefully, I will never again have to return to the misery I once knew.

APPENDIX "B"

CHEIN ATTITUDE AND INFORMATION TEST

TEENAGE OPINION SURVEY

This is NOT a test.

This is a public opinion poll. There are no right or wrong answers. We just want to find out what young people think about different things.

Be sure to answer every question. If you are not sure, make your best guess.

This is NOT a test.

DO NOT SIGN YOUR NAME.

DO NOT WRITE IN BOOKLET. AN ANSWER FORM IS PROVIDED.

Here are some things people say at times. Some people agree with them. Other people do not agree.

Do you agree or disagree with these things?

1. I am a very lucky person.

2. I often think that parents don't want their kids to have any fun.

3. You should never be loud around the house.

4. There is not much chance that people will really do anything to make this a better world to live in.

5. I can get away with doing things other people can't.

6. Most policemen can be paid off.

7. There are many times when it's O.K. to use bad words in front of older people.

8. Even when I get into trouble, I can usually get out of it.

9. You should always treat girls nicely, even when you don't like them.

10. You're a fool if you believe what most people try to tell you.

11. I hardly ever worry about anything. Things always come out right in the end.

12. It would be better if more parents thought less about themselves and more about their kids.

13. There is nothing wrong with talking with food in your mouth.

14. I am sure that most of my friends would stand by me no matter what kind of trouble I got into.

15. Nothing can stop me once I really make up my mind to do something.

16. Even in the worst kind of trouble, a kid can always count on his parents to help.

17. Most policemen treat people of all races the same.

18. The thing to do is to live for today than totry to plan for tomorrow.

19. The police often pick on people for no good reason.

20. Sometimes I think people like me are hardly good for anything.

21. Everything parents want their kid to do is for the kid's own good.

22. The way things look for the future, most people would be better off if they were never born.

23. The police usually let their friends get away with things.

24. Parents are always looking for things to nag their kids about.

25. Everybody is just out for himself. Nobody really cares about anybody else.

26. Even if you can't stand some people, you should still be nice to them.

Here are some things that many people want. Many people would want all of these things, but they might want a few of them more than almost anything else in the world.

For example, nearly everybody wants to spend a lot of time with good and close friends. But some people want to do other things even more.

Other people, though, would rather spend a lot of time with good and close friends than do almost anything else in the world. How do YOU feel about this?

Think about each one of the following things very carefully. Is it one of the things that YOU want more than almost anything else in the world? If your answer is YES, put an X in front of YES. If your answer is NO, put an X in front of NO.

Remember, you can't want everything more than anything else in the world. So be sure that you put an X in front of YES only for those things you really want that much. For all other things, put an X in front of NO even if you want them.

27. Do you want this much more than almost anything else in the world?
To spend a lot of time with very good and close friends.

28. Do you want this much more than almost anything else in the world?
To always be doing a lot of new and exciting things--to be on the go all the time.

29. Do you want this much more than almost anything else in the world?
To be able to get other people to do what you want.

30. Do you want this much more than almost anything else in the world?
To be very popular and have a lot of people look up to you.

31. Do you want this much more than almost anything else in the world? To be able to take things easy and not have to work hard.

32. Do you want this much more than almost anything else in the world? To be able to finish everything you start so well that you know it is perfect.

33. Do you want this much more than almost anything else in the world? To be free to do what you want, and not be held back by other people.

34. Do you want this much more than almost anything else in the world? To be able to do things for other people even if nobody ever finds out about it.

35. Do you want this much more than almost anything else in the world? To have a job you can count on and know that you can always get along.

36. Do you want this much more than almost anything else in the world? To be able to keep up with the people you like and do what they do.

(GIRLS SKIP NUMBER 37)

37. Do you want this much more than almost anything else in the world? To be strong and manly.

38. Do you want this much more than almost anything else in the world? To enjoy life by having lots of thrills and taking chances.

39. Do you want this much more than almost anything else in the world? To have good taste--to be a person who can enjoy good music, good art, and the finer things in life.

40. Do you want this much more than almost anything else in the world? Never to have any kind of sickness or to be hurt in any way.

Here are a few questions about you and your home. DO NOT SIGN YOUR NAME.

41. Are you the youngest person who lives in your house?

42. Are you the only person under eighteen who lives in your house?

43. Which of these statements best describes your attitude toward school?
    1. I like it very much.
    2. I think it's all right.
    3. I only go because I have to.
    4. Don't know.

44. Do you plan to go to college?
    1. Yes
    2. No
    3. Don't know

45. How important is it to you that you do well here in school?
    1. Very important
    2. Somewhat
    3. Not very

46. How important is it to your family that you do well here in school?
    1. Very
    2. Somewhat
    3. Not very

47. What would you like to be eventually?

48. What would your parents like you to be?

49. Do you do anything now to earn money?
    1. Yes
    2. No

50. Did you work last summer?
    1. Yes
    2. No

51. Does your family get any newspapers regularly?
    1. Yes
    2. No

52. Does your family get any magazines regularly?
    1. Yes
    2. No

53. Is there anyone in your family you would like to be like?
   1. Mother
   2. Father
   3. Brother
   4. Sister
   5. Other
   6. None

54. How many close friends do you have?
   1. None
   2. One
   3. 2-3
   4. 4-5
   5. 6-9
   6. 10-14
   7. 15-19
   8. 20 & over

55. How many of them attend this school?
   1. None
   2. One
   3. 2-3
   4. 4-5
   5. 6-9
   6. 10-14
   7. 15-19
   8. 20 & over

56. Do(es) your parents (father, mother) disapprove of any of your friends?
   1. Yes
   2. No
   3. Don't know

57. How much do you personally like to do the following things? Would you say very much, somewhat, a little, or not at all?
   - A. Go to the movies
   - B. Go to plays
   - C. Go to concerts
   - D. Go to watch sports
   - E. Listen to records
   - F. Discuss school work
   - G. Discuss current events
   - H. Watch television
   - I. Go shopping
   - J. Go to parties
   - K. Participate in sports
   - L. Sing or play music

58. Do you drink any alcoholic beverages?
    1. None
    2. Beer
    3. Wine
    4. Liquor or liqueur

59. Are there certain times you drink more than at other times?
    1. With friends
    2. With meals
    3. Alone
    4. Do not drink

60. How old were you when you first had an alcoholic drink?
    1. Under 11
    2. 11
    3. 12
    4. 13
    5. 14
    6. 15
    7. Do not drink

61. Do(es) your parent(s) know you drink?
    1. Yes
    2. No
    3. Don't know

62. How many of your friends drink?
    1. Most
    2. Some
    3. Few
    4. None
    5. Don't know

63. In your opinion is there anything wrong with drinking?
    1. Yes
    2. No

64. What would you say are the most important political or social issues facing the country?
    1. Civil rights
    2. Vietnam
    3. Unemployment
    4. Don't know

65. What is your opinion of United States involvement in Vietnam? Should we esclate the war, continue present policy, de-escalate, negotiate, or withdraw completely?
    1. Escalate
    2. De-escalate
    3. Negotiate
    4. Withdraw

66. Does your opinion on Vietnam differ from that of your family?
    1. Yes
    2. No
    3. Don't know

67. Does your opinion on Vietnam differ from that of most of your friends?
    1. Yes
    2. No
    3. Don't know

68. What is your opinion of the civil rights movement? In general, do you think the movement is too militant, not militant enough, about right, or what?
    1. Too militant
    2. All right
    3. Not militant enough
    4. Mixed opinion

69. Does your opinion on civil rights differ from that of your family?
    1. Yes
    2. No
    3. Don't know

70. Does your opinion on civil rights differ from that of most of your friends?
    1. Yes
    2. No
    3. Don't know

71. In regard to Vietnam, have you done any of the following things?
    1. Discussed it with friends
    2. Discussed it with your family
    3. Joined a demonstration or march
    4. None of the above

72. In regard to civil rights, have you done any of the following things?
    1. Discussed it with friends
    2. Discussed it with your family
    3. Joined a demonstration or march
    4. None of the above

73. Were there any questions you found difficult to answer? Why?

WHAT I REALLY THINK ABOUT DRUGS

This is NOT a test

DO NOT SIGN YOUR NAME

We want to know what boys and girls your age think about drugs.

We are NOT trying to find out what any one person thinks. THIS IS NOT A TEST. We want to find out what the whole class really thinks.

DO NOT SIGN YOUR NAME. Nobody will know which is your paper.

Do not be afraid to show what you really think.

Do not leave anything out. If you are not sure, just make your best guess.

Suppose you find out that one of the boys on your block is using heroin. What should be done?

1. Nobody should do anything. It is his own private business.

2. Tell the school or the police about him.

Here are a few things that people have said about taking drugs. Some people agree with them. Other people do not agree. Put down what you REALLY think.

Don't leave anything out--if you are not sure, or don't know, just make a guess.

3. Heroin probably is not so bad for a person as some people say. They make too big a fuss about it.

4. Just taking a little heroin once in a while never really hurt anybody.

5. It's o.k. to smoke a little marijuana from time to time at parties.

6. Just the idea of smoking marijuana is the worst thing I can think of.

7. A person should never take heroin no matter what.

8. It's o.k. to use heroin if you feel like it, as long as you make sure that you don't get hooked.

Some people say that fellows who use heroin are different from other fellows. Other people say they are about the same. What do you think?

Even if you are not sure make your best guess. Do not leave anything out.

9. Who is more intelligent?

10. Who are more fun to be with?

11. Who wear better clothes?

12. Who get fewer kicks out of life?

13. Who have fewer close friends?

14. Who can get along better on their own?

15. Who are better able to take care of themselves?

Here are some things people say about drugs. Some are true. Some are false.

Do not leave anything out. Answer every question.

16. Heroin is made from the same plant as marijuana.

17. If a person is caught with exactly a quarter ounce of heroin on him, he gets a lot more punishment than if he had just a little bit less heroin.

18. In a hospital the doctors usually don't give addicts any drug at all. They just let the addicts sweat it out.

19. Most steady users began using heroin before they were thirteen years old.

20. It is legal to buy heroin from a drugstore, but a person has to have a doctor's prescription.

21. If the police find more than one-quarter ounce of heroin in a car, the law says that just the driver is guilty.

22. Heroin can be brought for less than $1 a cap.

23. It is against the law to sell heroin or marijuana, but the police can't touch a person if he gives it away.

24. All of the marijuana used here comes from other countries.

25. If a person is caught with exactly half an ounce of heroin on him, he gets a lot more punishment than if he had just a little bit less heroin.

26. Most addicts who take the cure never go back on durgs again.

27. More girls than boys use heroin.

28. If a person is caught with heroin on him but was not caught selling it, they can't jail him for more than three years.

29. A marijuana cigarette costs about as much as one cap of heroin.

30. No city or county hospital will take in a drug-user for treatment.

People who don't use heroin give all sorts of reasons why they don't try it. For example, the main reason why one person doesn't try it is because he does not want to become a slave to heroin.

You yourself may feel that, while this may be a good reason, there are still better reasons, or you may agree with him that this is one of the main reasons not to try heroin.

How do YOU feel about that reason?

31. You become a slave to heroin. You become completely tied down to the habit. Is this one of the main reasons that would keep YOU from taking heroin?

32. You will hurt the people who are close to you. Is this one of the main reasons that would keep YOU from taking heroin?

33. After awhile the kick wears off but you still have to go on taking it. Is this one of the main reasons that would keep YOU from taking heroin?

34. You become a helpless tool of the people who sell drugs. Is this one of the main reasons that would keep YOU from taking heroin?

35. People will look down on you. Is this one of the main reasons that would keep YOU from taking heroin?

36. You'll be alone in the world. You won't have any real friends. Is this one of the main reasons that would keep YOU from taking heroin?

37. You'll lose your chances for a good job. Is this one of the main reasons that would keep YOU from taking heroin?

38. You will never feel safe from the police. Is this one of the main reasons that would keep YOU from taking heroin?

(GIRLS SKIP NUMBER 39)

39. You can't be the same as most of the other fellows any more--you will become too different. Is this one of the main reasons that would keep YOU from taking heroin?

40. You won't be able to work well or be good at sports. Is this one of the main reasons that would keep YOU from taking heroin?

41. Your health will be ruined and life will be full of worries and troubles. Is this one of the main reasons that would keep YOU from taking heroin?

42. Where did you pick up most of what you know about drugs?

Check only one of these.

1. From reading about it
2. From what the fellows talk about
3. From teachers in school
4. From my parents.
5. From what I myself see going on.

43. Did you ever see anybody taking heroin?

44. About how many people do you know who use heroin?

Check only one of these.

1. One or two people.
2. Three, four, or five people
3. Six or more people
4. I don't know anybody who uses heroin

45. Did you ever have a chance to use heroin?

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43. Did you ever see anybody taking heroin?

44. About how many people do you know who use heroin?

Check only one of these.

1. One or two people.
2. Three, four, or five people
3. Six or more people
4. I don't know anybody who uses heroin

45. Did you ever have a chance to use heroin?

APPENDIX "C"

PUPIL RATING FORM

Birthdate ____________________ Teacher ____________________
Month Day Year

Class Period ____________ Sex ______

1. Degree to Which Liked by Others

1 2 3 4 5

1. Tends to irritate--disliked by most people who come in contact with him.
2. In general, not too well liked by others.
3. Liked as well as most.
4. Tends to be liked somewhat more than most.
5. Liked by almost all who know him.

Comments: ____

____

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2. Conforming to Rules and Regulations

1 2 3 4 5

1. Markedly resistive to all rules and regulations. Strong measures often needed to get him to comply. Rebellious and negativistic.
2. Tends to be somewhat nonconforming and resistive to routine and regulations.
3. Conforms readily as most.
4. Conforms more readily than most to what is asked or expected.
5. Over conforming. Complies without question in almost all situations.

Comments: ____

____

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____

3. Appearance

1 2 3 4 5

1. Very sloppy with little or no apparent interest in how he looks.
2. Tends to be on the sloppy and rather untidy side.
3. About average in neatness of dress.
4. Somewhat neater and well groomed than most.
5. Extremely careful about appearance and dress.

Comments:

4. Interest in Environment

1 2 3 4 5

1. Shows no indication of interest in anything that isn't of direct and immediate concern to him.
2. Generally only interested in things that have direct bearing on himself but occasionally will show mild interest in outside affairs.
3. Seems to be as interested as most in things about him that do not necessarily have direct bearing on him. Some interest in current affairs.
4. More interested than most in current events and happenings. Seems to be up with things in a variety of situations.
5. Keen interest in a wide variety of happenings and events.

Comments:

5. Leadership

1 2 3 4 5

1. Completely lacking ability for leadership or influence on others.
2. Somewhat lacking in ability for leadership.
3. About average in ability for leadership. Not particularly outstanding or lacking in leadership ability.
4. Tends to be fairly influential with some leadership ability.
5. Tends to be leader in almost all activities he participates in. Opinions sought and respected. Can readily influence and direct groups.

Comments:

6. Participation in Group Activities

1 2 3 4 5

1. Refuses or avoids participation as much as possible.
2. On occasion shows mild interest and some participation although generally not interested.
3. About as active as most. May have a few he likes well, but others he does not care for.
4. More active than average with few exceptions. Participates in and seems to enjoy a number of group activities.
5. Very eager to participate. Almost never misses an opportunity to take part in a wide variety of group activities.

Comments:

7. **Participation in Athletics**

1 2 3 4 5

1. None--no interest or participation.
2. Little activity. Occasionally participates though less than most.
3. Average.
4. More active in athletics than most.
5. To maximum--avid interest and participation whenever has opportunity.

Comments: ____

8. Interest in Opposite Sex

1 2 3 4 5

1. Shows little indication of interest in opposite sex. Seems to dislike or avoid.
2. Only mildly interested.
3. About as interested as most. (Dating for H. S.)
4. Shows more interest than most.
5. Quite interested, almost to point of preoccupation.

Comments: ____

9. **Over Expression of Hostility**

1 2 3 4 5

1. Frequently can be exceedingly hostile and threatening. May express in violent fashion.
2. Expresses ill feelings and hostility more readily than most.
3. About average in expressions of hostility.
4. Will express some hostility either very mildly or very infrequently. Less expression of hostility than most.
5. Never expresses any hostility.

Comments:

10. Submissive--Aggressive

1 2 3 4 5

1. Exceedingly submissive. Conforms to others' demands without question.
2. Tends to be fairly submissive but will stand up for rights if pushed too far.
3. Neither particularly aggressive or submissive.
4. Tends to be on aggressive side but not overly so.
5. Very aggressive in almost all situations.

Comments:

11. Apathetic--Energetic

1 2 3 4 5

1. Exceedingly apathetic. Little or no energy is directed into anything.
2. Rather apathetic. Little energy expended.
3. Neither particularly apathetic or energetic.
4. Tends to be more energetic and active than most.
5. Exceedingly energetic action. Expends great amount of energy outwardly.

Comments:

12. Cautious--Impulsive

1 2 3 4 5

1. Exceedingly hesitant and cautious. Never acts without thoroughly thinking things through.
2. Tends to be hesitant and thinks things through before responding.
3. Not particularly cautious or impulsive.
4. Responds more quickly and spontaneously than most.
5. Responds over-impulsively. Little hesitancy or second thoughts to his behavior.

Comments:

13. Manifest Anxiety

1 2 3 4 5

1. Appears to be exceedingly anxious and upset most of the time.
2. More anxious than most. Tends to be upset often.
3. About an average degree of anxiety. Not particularly anxious or calm and relaxed.
4. Generally appears pretty much at ease with self. Somewhat more calm and relaxed than most.
5. Never or seldom manifest signs of anxiety. Appears calm and relaxed.

Comments:

14. Depressed--Cheerful

1 2 3 4 5

1. Almost always depressed and down in the dumps.
2. Tends to be somewhat moody.
3. As cheerful as most.
4. Generally more cheerful than most. May have "low" periods but don't last long.
5. Always cheerful.

Comments:

15. Complaining--Noncomplaining

1 2 3 4 5

1. Complains excessively. Almost always complaining about one thing or another.
2. On the complaining side.
3. About average in tendency to complain about things.
4. Complains less than most.
5. Almost never complains about anything.

Comments: ______________________________

16. Dependent--Independent

1 2 3 4 5

1. Exceedingly dependent--requires assistance or asks for help in most things.
2. Tends to need assistance more than most.
3. Not particularly dependent or independent.
4. Will occasionally require or ask for help but generally does things on own more than most.
5. Quite independent. Seldom or never asks or requires any assistance.

Comments: ______________________________

17. Irresponsible--Dependable

1 2 3 4 5

1. Can't be depended upon to do almost any task without supervision.
2. Tends to be rather careless and irresponsible. Can't be counted on to carry through with responsibilities.
3. Neither particularly dependable or irresponsible. Dependable or average.
4. Can generally be depended upon. Much more conscientious than most.
5. Exceedingly dependable, conscientious when given responsibilities. Can always be counted on to do his job in all situations.

Comments: ____

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18. Careless--Perfectionistic

1 2 3 4 5

1. Very careless, sloppy in work. Little or no self-criticalness.
2. Tends to be somewhat careless and critical of behavior.
3. Neither particularly critical or uncritical.
4. Usually more critical and careful in behavior than most.
5. A perfectionist in almost all that he does.

Comments: ____

____

____

____

____

19. Over-all Class Adjustment

1 2 3 4 5

1. **Poor adjustment.** A good deal of difficulty getting along.
2. Only fair adjustment. Somewhat more difficulty than most.
3. About average.
4. Good adjustment. Only a few or insignificant difficulties.
5. Excellent, almost no problems in adjustment. Gets along very well.

Comments:

20. Personal Adjustment

1 2 3 4 5

1. Exceedingly poor.
2. Fairly poor.
3. About average.
4. Better than most.
5. Decidedly better than most.

Comments:

APPENDIX "D"

KNOWLEDGE TEST USED BY SCHOOLS

QUESTIONS 1 THROUGH 20 TRUE OR FALSE

1. The drug abuser often suffers from the lack of proper nourishment.

2. Nine out of ten addicts stop using drugs with proper medical treatment.

3. The difference between addicting and habit-forming substances is that addicting drugs produce withdrawal illness when not taken regularly.

4. Los Angeles County has the highest number of drug arrests in the State of California.

5. A major portion of illegal drugs are smuggled into California.

6. A person using a habit-forming drug has to use increasingly larger amounts of the drug in order to achieve the same effect.

7. Drug dependence could mean either drug habituation or drug addiction.

8. Teenagers are sometimes likely victims of drug addiction because of the desire to be "part of the group."

9. The amphetamine drugs cause sleeplessness.

10. Amphetamines may be helpful to truck drivers on a long trip because these drugs help to hide fatigue.

11. Marijuana has no medical uses.

12. People who use drugs frequently have feelings of being inferior.

13. Drugs obtainable without a prescription are usually considered safe and may be used as the purchaser wishes.

14. The plant from which marijuana is obtained has no useful purpose.

15. A drug addict is usually accepted for addiction treatment by any accredited hospital.

16. In the United States, heroin is used as a legal medicine.

17. Sleeping pills are not considered to be habit-forming and may be used regularly.

18. Morphine is helpful in relieving pain when used in proper dosages.

19. All drugs may be habit-forming.

20. The Harrison Act which restricts the sale of morphine and other narcotics was passed in 1914.

QUESTIONS 21 THROUGH 55 MULTIPLE CHOICE

21. A substance, other than food, that affects body structure and function is called:
a. A depressant
b. A drug
c. A narcotic
d. An intoxicant

22. Heroin is a drug:
a. Which only a physican can use
b. Which is the same as marijuana
c. Which increases efficienty
d. Which is too dangerous and unpredictable even for physician's use.

23. A type of drug which tends to speed up the nervous system for short periods is called:
a. Antibiotic
b. Stimulant
c. Anesthetic
d. Depressant

24. The barbiturate drugs do NOT cause:
a. Poor judgment
b. Drowsiness
c. Stumbling
d. Increased pulse rate

25. The Indian hemp plant produces a dangerous drug called:
a. Marijuana
b. Mescaline
c. LSD 25
d. Benzedrine

26. About how much money does a heroin user need to support his habits:
a. $1.00 to $2.00 per day
b. $2.00 to $3.00 per day
c. $5.00 to $10.00 per day
d. Over $10.00

27. Breathing toxic fumes of glue, gasoline, thinners, and lighter fluids may cause:
a. Serious mental confusion
b. Increased thinking ability
c. Increased muscular ability
d. None of these

28. Control of dangerous drugs is primarily the responsibility of:
   a. FBI
   b. Food & Drug Administration
   c. Bureau of Narcotics
   d. U.S. Treasury Department

29. LSD 25 is classed as a:
   a. Depressant
   b. Stimulant
   c. Anesthetic
   d. Hallucinatory drug

30. The life span of the heroin addict is:
   a. Shorter than the average person
   b. Longer than the average person
   c. Same as the average person
   d. No study has been made

31. The federal hospitals for the treatment of narcotic addicts are located in:
   a. Lexington and Dallas
   b. Fort Worth and Washington, D. C.
   c. New York and Washington, D. C.
   d. Lexington, Kentucky and Fort Worth, Texas

32. The person who regularly takes a drug like heroin or morphine soom finds that unless he increases the dose, the drug no longer has the same degree of effect. This is called:
   a. Dependence
   b. Anxiety
   c. Tolerance
   d. Withdrawal illness

33. Many drugs are much more dangerous when used along with:
   a. Tobacco
   b. Food
   c. Water
   d. Alcohol

34. A dangerous, intoxicating drug that is usually smoked is:
   a. Barbiturate
   b. Marijuana
   c. Amphetamine
   d. LSD 25

35. Narcotics are carried throughout the body most rapidly by the:
   a. Digestive system
   b. Circulatory system
   c. Respiratory system
   d. Musculature of the body

36. Coffee, tea and cola beverages are:
   a. Laxatives
   b. Mild stimulants
   c. Mild relaxants
   d. Good food substances

37. Which of the following is NOT a result of the continued use of narcotics?
   a. Improved memory and judgment
   b. Disturbed digestion and breathing
   c. Disturbed muscular coordination
   d. Dulled senses, memory, and judgment

38. Which of the following drugs does not come from opium?
   a. Morphine
   b. Heroin
   c. Cocaine
   d. Codeine

39. A barbiturate is a:
   a. Stimulant
   b. Sedative or sleep-producing drug
   c. Hallucinatory drug
   d. Laxative

40. The term "assassin" is asslciated with:
   a. Marijuana
   b. Heroin
   c. Morphine
   d. Opium

41. Withdrawal symptoms from heroin include:
   a. Severe cramps
   b. Sweating
   c. Nausea
   d. All of these

42. Steps in treating an addict consist of withdrawal of drugs; restoring normal body function; and,
   a. Re-education
   b. Help them get a job
   c. Individual counseling
   d. All of these

43. The odor associated with the use of marijuana is most like:
   a. Alcohol
   b. Dried alfalfa or hay
   c. Garlic
   d. Decaying fruit

44. The body system most affected by the use of marijuana is:

a. The nervous
b. The circulatory
c. The digestive
d. The muscular

45. The most powerful drug obtained from the opium poppy is:
a. Codeine
b. Seconal
c. Cocaine
d. Heroin

46. The term "narcotic" is used medically in reference to:
a. Marijuana
b. The barbiturates
c. The hallucinogens
d. The opiates

47. "A state arising from repeated administration of a drug on a periodic or continuous basis" is the definition of:
a. Drug abuse
b. Depression
c. Drug dependence
d. Euphoria

48. Habits differ from reflexes because they are:
a. Easily broken
b. Acquired
c. Required
d. Natural

49. Risks involved when a person experiments with drugs may be:
a. Malnutrition
b. Infection
c. Sensory disturbances
d. All of these

59. The commonly used drug, aspirin, acts as a:
a. Stimulant
b. Depressant
c. Hallucinogen
d. Laxative

51. The drug user is basically:
a. Quite brave
b. Quite cowardly
c. Quite talkative
d. None of these

52. The drug addict is usually:
a. A selfish person
b. A generous person
c. A liberal person
d. None of these

53. The drug "pusher" is anxious to sell to:
    a. Young people
    b. Only older people
    c. Both young or older people
    d. Selected persons

54. When the addict uses heroin or "fixes" he is brought from:
    a. "low" to "normal"
    b. "normal" to "high"
    c. "low" to "high"
    d. None of these

55. Marijuana is often smuggled illegally into the U.S. in kilo bundles weighing:
    a. 1 pound
    b. 1/2 pound
    c. 2.2 pounds
    d. 1.1 pounds